



Betsi Cadwaladr University Health Board (BCUHB) Response - Inquiry into the public health approach to preventing gender-based violence (CE23/815)

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Purpose of Report	To provide BCUHB’s response to the Equality and Social Justice committee in relation to the inquiry into the public health approach to preventing gender-based violence.
Appendices	Appendix 1 - Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Workplace Procedure (SCH05A Version 3). Appendix 2 - Violence against Women, Domestic Abuse and Sexual Violence Service User Procedure (SCH05B Version 4).
Date	24/08/2023

Question posed: How do statutory services deal with allegations of gender-based violence internally and what procedures do you have in place for handling allegations of gender-based violence raised by or against employees

BCUHB supports the Welsh Government Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) (Wales) Act 2015 in being committed to the resolution of domestic abuse and sexual violence.

BCUHB aims to create a work environment which encourages disclosure of domestic abuse and sexual violence within the health care setting and the

workplace, for employees and service users, and is committed to providing support and advice to all those affected.

1.0 Procedures for handling allegations of gender-based violence raised by or against employees

In BCUHB the Head of Safeguarding Children leads the VAWDASV agenda on behalf of the Director of Safeguarding & Public Protection.

BCUHB has a Workplace VAWDASV Procedure (appendix 1), and a VAWDASV Service User Procedure (appendix 2)

The Workplace VAWDASV Procedure contains information and advice for both staff and their managers on the processes that should be followed, following a disclosure of domestic abuse from a member of staff. This is underpinned by the BCUHB VAWDASV Service User procedure and may initiate referrals into the Sexual Assault Referral Centre (SARC), Multi-Agency Risk Assessment Conferences (MARAC¹) and/or At-Risk Reports into Local Authorities. Referrals into the Work Place Safety groups are monitored and are reported in the Corporate Safeguarding 6 monthly and annual reports. Of note there has been an increase in referrals which is reflective of the national picture. This is a potential outcome of these groups being implemented and a raised profile of the agenda.

A key feature in the BCUHB Work Place Safety procedure is the Work Place safety group. Workplace Safety Groups are successfully delivered in the East, Central and West areas of North Wales within the BCUHB structure. Staff members can be referred into these groups when the need is identified. The purpose of the collaborative Workplace Safety Groups is to ensure a robust risk management plan is in place for the victim, and perpetrator (if a member of BCUHB staff). The risk management plans are developed collaboratively, with input from corporate safeguarding, workforce, health and safety, line managers and violence and aggression managers.

BCUHB provides representation at all MARAC's¹ and ADAPT² panels, and attend with all the relevant information required regarding both the victim and the perpetrator. Staff members who are identified as victims or perpetrators during these processes, can be referred into the Workplace Safety Groups.

BCUHB Corporate Safeguarding deliver Group 1 and Group 2 VAWDASV training as part of staff mandatory training requirements. BCUHB also complies with the National Training Framework. This training includes information for staff around

¹ MARAC (Multi Agency Risk Assessment Conference) is a local, multi-agency victim-focused meeting where information is shared regarding high-risk cases of domestic violence & abuse between different statutory and voluntary sector agencies.

² ADAPT (Adult Domestic Abuse Perpetrator Tasking) is the process of identifying and tackling the most harmful and serial perpetrators of domestic abuse. The overarching objectives of ADAPT are to safeguard adults and children at risk of domestic abuse by changing or disrupting offender behaviour and to reduce the offending of domestic abuse perpetrators.

the Workplace VAWDASV procedure. Compliance with training is monitored via the area safeguarding forums and reported into the quarterly Safeguarding Governance and Performance Group, which is chaired by the Director of Safeguarding and Public Protection. Corporate Safeguarding recognises that awareness raising of VAWDASV processes, initiatives, and mandatory training could contribute to staff feeling more equipped to disclose domestic abuse.

The BCUHB Corporate Safeguarding Team develop a monthly safeguarding bulletin which incorporates all relevant safeguarding information including VAWDASV and is disseminated widely within BCUHB. A quarterly "Learning" bulletin is developed focussing on learning from reviews, which includes the learning/good practice identified from Domestic Homicide Reviews. These are disseminated to all staff via a variety of mechanisms including being added to the BCUHB intranet.

Routine Enquiry is carried out in high-risk service areas within the Health Board. Domestic abuse HITS³ questions are also included in the Symphony IT systems which are used in all Emergency Departments and Minor Injury Units.

BCUHB have three Health Independent Domestic Violence Advocates (IDVA) in post. These are based within the East, Central and West areas in North Wales. These posts are managed by the Domestic Abuse Safety Unit (DASU) and Gorwel, but are housed within BCUHB Corporate Safeguarding Team. The IDVA's are part of the Work Place Safety Groups and will support staff as needed.

Corporate Safeguarding participate in the regional VAWG group which is chaired by North Wales Police. Strong links have been made with VAWDASV third sector agencies and their contacts are shared within BCUHB.

In addition BCUHB employees are able to raise concerns via 'Speak Out Safely'. Employees can approach the Speak Out Safely Guardian for a conversation (anonymously) via telephone, email or discretely in person based on their preference/wishes.

Contact can also be made via the 'Work in Confidence' platform, allowing employees to engage in an anonymous two way conversation with a member of the Speak Out Safely team if they are fearful of escalation or repercussion.



Support for staff also includes the Gender Equality Network. An informal group in which issues affecting women, men and non-binary staff can be shared. During International Women's Day (8th March 2023) a virtual panel of speakers, including a representative from Victim Support specialising in sexual violence spoke to staff about the support available for victims of gender based violence.

³ HITS are a set of 4 questions asked as part of routine enquires with patients. HITS stands for; Hurt, Insult, Threaten and Shout / Safe. Answering 'yes' to any of these question indicate that possible abuse is occurring and would generate further enquire / action completion of Saferlives DASH risk assessment and/or a MARAC referral (Multi Agency risk assessment conference). MARAC meetings take place weekly for each LA and also Monthly for High-risk cases

2.0 Terms of reference

BCUHB have no further comment on the Terms of Reference. We are supportive of each area particularly bullet point 1 - adopting a preventative approach, and bullet point 3 - relating to any further role that the public sector and specialist services should undertake, particularly the NHS.

3.0 Appendices

Appendix 1	Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Workplace Procedure (SCH05A Version 3)  SCH05a- Violence against Women Dor
Appendix 2	Violence against Women, Domestic Abuse and Sexual Violence Service User Procedure (SCH05B Version 4)  SCH05b - Violence Against Women, Do

4.0 Contact information

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Betsi Cadwaladr University Local Health Board (BCUHB)



Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Workplace Procedure

Date to be reviewed:	June 2025		No of pages:	28		
			Author(s) title:	Head of Safeguarding Children		
Responsible Dept / Director:	Director of Safeguarding and Public Protection Executive Director of Workforce & Organisational Development					
Approved by:	Safeguarding Governance and Performance Group Clinical Policies and Procedures Group Patient Safety and Quality Group					
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Documents to be read alongside this policy:	Wales Safeguarding Procedures (2019); Minimum Standards for Routine Enquiry into Domestic Abuse (WG, 2022); NHS Wales Managing Attendance at Work Policy (WP11); All Wales Capability Policy (WP3a); BCUHB Disciplinary Policy (WP9); BCUHB Procedure & Guidance Document for the Protection of Employees from Violence and Aggression; BCUHB Equality, Diversity and Human Rights Policy (WP8); Health & Safety Policy (HS01); All Wales Dignity at Work Process (WP5c) BCUHB Flexible Working Policy (WP13); All Wales Information Governance Policy; All Wales Special Leave Policy (WP146); Safeguarding People at Risk Training Strategy (SCH05); Statutory & Mandatory Training Policy (WP30); Drug & Alcohol (Substance) Misuse Procedure (WP19); Staff Mental Health Wellbeing & Stress Management					
Purpose of Issue/Description of current changes						
A requirement to update the procedure to meet the review timescales of June 2022						
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Previously reviewed:	03/09/20	13/11/20	date	date	date	
Changes made yes/no:	No	Yes	Yes/no	Yes/no	Yes/n	

PROPRIETARY INFORMATION

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1. Introduction

- 1.1** There are 2.3 million victims of domestic abuse a year aged 16 to 74, of which two-thirds are women (Office of the National Statistics (ONS), 2020). The number of domestic abuse crimes recorded by the police in England and Wales in the year ending March 2021 increased by 6%, from 798,607 in the year ending March 2020 to 845,734 (ONS, 2021). As many cases will not enter the criminal justice process police data can only provide a partial picture. Domestic abuse can affect anyone, regardless of their sex, age or race. Women are more likely to experience repeat victimisation, be physically injured or killed as a result of domestic abuse and experience non-physical abuse than men (ONS, 2018)
- 1.2** For the purpose of the procedure, whenever the term ‘domestic violence and abuse’ is used it means violence against women, domestic abuse and sexual violence as described by the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. It also includes any gender-based violence.
- 1.3** The effects and cost of domestic violence and abuse within the workplace remain relatively hidden and unidentified by most organisations. Research by the Equality and Human Rights Commission (2010) suggests that:
- Domestic abuse currently costs UK businesses over £2.7 billion a year.
 - In the UK, in any one year, more than 20% of employed women take time off work because of domestic abuse, and 2% lose their jobs as a direct result of the abuse.
 - 75% of women that experience domestic abuse are targeted at work – from harassing phone calls and abusive partners arriving at the office unannounced, to physical assaults.
 - 15% of men aged 16-59 say they have been physically assaulted by a current or former partner at some point in their lives.
- 1.4** In 2015, the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (VAWDASV) came into force. The Act seeks an improved collective public sector response, strong leadership and a more consistent focus on the way these issues are tackled in Wales and helps victims. More importantly, it seeks to stop the abuse happening in the first place. The Act addresses domestic abuse and sexual violence perpetrated against all people in Wales, irrespective of gender, sexual orientation and gender identity. It also addresses violence perpetrated against woman or man arising directly or indirectly from values, beliefs, or customs relating to gender, sexual orientation and gender identity.
- 1.5** The Serious Crime Act (2015) Section 76, created a new offence criminalising controlling or coercive behaviour in an intimate or family relationship and where the behavior has a serious effect on the victim. It addresses repeated or continuous behaviour in relationships where incidents of domestic abuse might appear unexceptional but have a significant cumulative impact on the victim’s everyday life, causing them fear, alarm or distress.
- 1.6** The Social Services and Wellbeing (Wales) Act, 2014 with the focus being on the provision of preventative services and in promoting wellbeing. Part 7 of the Act describes the process of keeping “adults at risk” safe, including those that are at risk of domestic abuse. The Wales Safeguarding Procedures 2019 builds on statutory guidance in the Social Services and Well-being (Wales) Act 2014, Part 7 Safeguarding and specifically Working Together to Safeguard People: Volumes: 5 and 6. The procedures provide clear guidance for safeguarding adults and children.

- 1.7 Domestic Abuse Act (2021), further enhances the VAWDASV Act (2015), will include :
- Create for the first time, a cross-government statutory definition of domestic abuse which recognises children as victims in their own right.
 - Establish in law the office of the Domestic Abuse Commissioner.
 - Provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order.
 - Extend the controlling or coercive behaviour offence to cover post-separation abuse.
 - Extend the offence of disclosing private sexual photographs and films with intent to cause distress to cover threats to disclose such material.
 - Create a new offence of non-strangulation or suffocation of another person.
 - Place Clare's Law on a statutory footing.

2. Policy Statement

- 2.1 Betsi Cadwaladr University Health Board (BCUHB) recognises that within its workforce there will be employees who have experienced, or who are currently experiencing domestic violence and abuse, as well as employees, who are perpetrators or alleged perpetrators. There may also be employees who have experienced sexual violence and abuse.
- 2.2 BCUHB supports the Welsh Government Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 in being wholly committed to the resolution of domestic violence and abuse (WG, 2015). BCUHB is therefore committed to raising awareness and providing guidance and support for its employees and managers to address the occurrence of violence against women, domestic abuse and sexual violence and its effect on the workplace.

3. Purpose

- 3.1 The purpose of this procedure is to provide guidance/support to managers supporting employees who are victims or alleged perpetrators/perpetrators of domestic violence and abuse.

4. Scope

- 4.1 This procedure will apply to all employees/workers of BCUHB. This also includes students, volunteers, locum staff, agency and bank staff, contractors and trainees. Where appropriate, this procedure should be used in conjunction with other Health Board policies and procedures such as, WP9 Disciplinary Policy, WP3a All Wales Capability Policy, WP14b All Wales Special Leave Policy, WP13 Flexible Working Policy and VAWDASV Service User Procedure.
- 4.2 Where a case involves 'Child at Risk' concerns, managers should refer to the Wales Safeguarding Procedures (2019).
- 4.3 Where a case involves 'Adult at Risk' concerns, managers should refer to the Working Together to Safeguard People: Volume 6 - Handling Individual Cases to Protect Adults at Risk (issued under Section 131 of the Social Services and Wellbeing (Wales) Act (2014) and Wales Safeguarding Procedures (2019).

5. Aim

- 5.1 The aim of this procedure is to ensure Health Board employees, who are experiencing or have experienced domestic violence and abuse, are offered the appropriate response and support. It also aims to ensure that employees who are perpetrators or alleged perpetrators of domestic violence and abuse are risk assessed and supported appropriately.

6. Objectives

- 6.1 The aim will be achieved by:
- Assisting managers to provide confidential, sympathetic and supportive response to staff who experience domestic violence and abuse.
 - Assisting managers to appropriately address situations where staff are alleged perpetrators or are found to be perpetrators of domestic violence and abuse.

7. Procedure

7.1 Definitions:

'Violence against Women' has been defined by the United Nations as any act of gender-based violence that results in, or is likely to result in, physical sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The term violence against women is used to describe violence perpetrated against a woman because she is a woman, being recognised internationally as a violation of human rights.

'Domestic Abuse' definition is a cross- government statutory definition created by the Domestic Abuse Act (2021). Domestic abuse refers to abuse which takes place between two people aged over 16 who are personally connected to each other. This includes people who are or have previously been married, in civil partnerships or in relationships; who have a child together; or are relatives.) Abuse can be:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim. This definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

7.2 Types of Abuse

7.2.1 Psychological - Obsessive behaviour, jealousy, blaming the individual for the abuse, minimising the abuse, threats to kill or harm self or others, humiliation, destroying possessions, stalking, and harassment.

7.2.2 Physical - Punching, head butting, biting, suffocation, hair pulling, kicking, slapping, strangulation, drowning, burning, sleep deprivation, using weapons, imprisonment, "Honour Based Violence" (HBV), Female Genital Mutilation (FGM), and murder.

7.2.3 Sexual - Rape, non-consensual sex, unwanted touch, penetration with objects, pornography, buggery, bestiality, not practising safe sex, trafficking, and prostitution.

7.2.4 Financial - Denied access to salary/benefits/inheritance, sole mortgage or tenancy arrangements (perpetrator), building up debt, theft and fraud.

7.2.5 Emotional - Exclusion, stigma, isolation, forbidden from socialising/working/education, undermining parental authority, leaving visible signs of injury to embarrass and deter from going out, racial abuse, homophobic/biphobic/transphobic abuse, and controlling behaviour such as 'outing' or the threat of 'outing'.

7.3 Possible signs and/or symptoms of violence against women, domestic abuse and sexual violence. This list is non-exhaustive:

7.3.1 Physical

- Stress related ailments – headaches, irritable bowel syndrome
- Bruising to the body, bruising/injury at different stages of healing
- Injuries to the face head or neck
- Burns/scalds – consistent with cigarette/chemical/liquid or friction burns
- Hair loss – consistent with hair pulling
- Sexually transmitted diseases, vaginal infections or other frequent gynaecological problems
- Miscarriages/history of miscarriages/repeated termination of pregnancy
- Still births, premature labour, low birth weight babies
- Unexplained injuries or those inconsistent with history
- Unexplained "accidents" to children

7.3.2 Behavioural

- Evasive/ashamed/confused
- Late to work, poor performance/sudden change in performance
- Long/ frequent short term/intermittent absences from workplace
- Repeat attendances in areas such as General Practice/Minor Injury Units/Emergency Departments
- Repeated "failure to attend" appointments
- Presents in health settings complaining with vague symptoms
- Accompanied to all appointments – difficult to see individual alone
- Substance misuse
- Frequent use of pain medication
- Eating disorders

7.3.3 Psychological/Emotional

- Depression/anxiety/panic attacks
- Self-harm
- Attempted suicide

7.4 Reasons why it is difficult to identify violence against women, domestic abuse and sexual violence.

7.4.1 Often an employee who is experiencing domestic violence and abuse may be reluctant to tell people at work (colleague or manager) of their situation. It has been shown that, on average, an individual will experience 35 episodes of domestic violence and abuse before they decide to seek help.

7.4.2 Reasons for employee reluctance can include:

- Shame and embarrassment of their situation
- Cultural stigma
- Lack of knowledge of what help is available to them
- Unclear of where they can access help
- Fear of making the situation worse
- Fear that their children may be taken away from them
- Fear of seeing their partner prosecuted
- Belief that the abuse will not happen again
- Denial that the abuse is happening

7.5 Employees experiencing domestic violence and abuse

Employees who make it known to BCUHB that they are experiencing domestic violence and abuse will be treated in a sympathetic and supportive manner. They will not be judged by other employees and will be encouraged to help themselves out of their abusive circumstances, having due regard for their personal safety, and that of their children and vulnerable adults in the household if applicable.

Employees can seek advice and support from their line manager, Workforce and Organisational Department (WOD) and/or the Corporate Safeguarding Team. Trade Union representatives should also be able to provide advice and support. It must be remembered that the effects of abuse can impact on an employee's standard of work or attendance and should be considered with regards to formal management under the Health Board's WP11 NHS Wales Managing Attendance at Work Policy and WP3a All Wales Capability Policy. Employee rights to privacy must be respected at all times. Employees have a right to decline the offer of support but this must be communicated to the line manager and recorded in a risk assessment.

Employees who recognise or suspect that a colleague is living in an abusive situation at home should speak in confidence to their line manager or WOD. Employees should recognise that they are not trained counsellors and should be wary of promising more than they can deliver in terms of support. They should also consider their own well-being as they may be putting themselves in danger if the abuser becomes aware of their support.

The managers response should take into consideration BCUHB VAWDASV Service User Procedure as all relevant documents are included in this procedure, such as, SafeLives Risk Indicator Checklist/MARAC Referral.

- Where a manager suspects that an employee is experiencing domestic violence and abuse, they have a duty of care towards the employee and should contact the safeguarding team and/or their WOD representative in their area for advice and support, before any discussion takes place with the employee.
- Where an employee discloses domestic violence and abuse to a manager, then the manager can contact the safeguarding team and/or their WOD representative in their area for advice and support, if required using this link: https://nhs.wales365.sharepoint.com/sites/BCU_Intranet_Safeguarding
- Any discussion about the employee's situation should take place in private and any questions should be asked with care and sensitivity. Employees should never feel pressured into disclosing any personal information that they do not feel comfortable sharing. A non-judgemental attitude is required.
- If an employee discloses that they are experiencing domestic violence and abuse, it is advised that an appropriate Domestic Abuse Workplace Risk Assessment Checklist (Appendix 2) should be carried out within 24 hours of disclosure, or at the first available opportunity and discussed fully with WOD.
- The manager must ensure that they keep full notes of any discussions and if required refer the member of staff to the Occupational Health and Wellbeing Service to ensure that adequate support is provided.
- The manager must refer to the 'Managers Flowchart following disclosure/report of Domestic Violence and Abuse involving BCUHB employee' (Appendix 1). This includes the manager, with the support of WOD, contacting the Area Safeguarding Manager who chairs the Workplace Safety Group (TORs Appendix 3). The case would then be discussed at the next meeting with the manager in attendance.
- Signpost to the Live Fear Free Helpline – 0808 80 10 800
- If the employee discloses sexual violence and abuse the manager can refer to the Amethyst Sexual Assault Referral Centre for support.
- If the employee does not wish to discuss the matter in detail with their manager, consideration must be given as to how the individual can be supported. This must be their preference alone, but could include a workplace colleague, their line manager/supervisor, a member of the Corporate Safeguarding Team, Workforce & Organisational Development, Trade Union Representative, a member of the Chaplaincy Department or the Occupational Health and Wellbeing Service. Consideration also needs to be given to the opportunity of a mentor to ensure that support is provided to the employee at all times.
- The manager may consider implementing short-term reasonable measures, which would protect the safety of the employee who is experiencing domestic violence and abuse. For example, an employee who is concerned for their safety while travelling to work and home, or whilst at work, may benefit from a temporary change in hours or place of work.
- The manager should offer ongoing support to the employee who is experiencing domestic violence and abuse including reasonable time off, for example, for counselling, visits to a solicitor or support agencies, for re-housing or re-organising childcare.
- Employees will be entitled to special leave to attend (up to 10 days), for example, civil or criminal court hearings as a witness or to attend court to seek an injunction against the alleged perpetrator or perpetrator.

- Applications must be made via the Application Form within WP146 All Wales Special Leave Policy. If the leave request relates to domestic violence and abuse then the record must be placed in a sealed envelope marked “**For Managers Access Only**” and filed within the personal file and recorded on ESR.
- Further advice may be sought from WOD relating to special leave requests.
- Support/advice can be provided by the Health Independent Domestic Violence Advisor.
- The manager should always consider safeguarding, either children and/or children.

7.6 Ensuring Health and Safety in the Workplace

7.6.1 The Workplace Safety Group (Domestic Violence and Abuse) acts as a specialist group to advise and support managers in ensuring the safety and well-being of staff, whilst also ensuring that procedures in relation to domestic violence and abuse are followed. The principles of these BCUHB guidance and procedure documents and current legislation underpin the function and remit of the Workplace Safety Group.

7.6.2 Immediate safety plans should be developed and implemented by Managers prior to the Workplace Safety Group.

7.6.3 Staff should be informed that the Workplace Safety Group is a supportive forum in ensuring their safety and well-being is paramount.

7.6.4 The following measures could be implemented as appropriate:

- If relevant, alert staff that the alleged perpetrator is to be refused access to the building/department, and if an attempt is made, what action is required by staff.
- Where appropriate improve security measures, such as changing keypad numbers or ensuring access to the building/department is not open to access from unauthorised staff or persons.
- Remind staff that they must not divulge information about employees, especially personal details such as addresses, telephone numbers or shift patterns etc.
- Where appropriate, consider offering temporary or permanent change of workplace, working times/patterns to reduce the risk to the employee on their way to and from work.
- Consider the environment layout to ensure the employee is not visible from the reception points or from windows, doors etc.
- Agreeing with the member of staff what to tell colleagues and how they should respond if the alleged perpetrator/perpetrator telephones or visits the workplace.
- Seek to ensure that the systems for recording the whereabouts of the employee during the working day are adequate and if their work requires them to work outside of the work area, consider how risks can be minimised by changing their duties or allowing another colleague to accompany them on certain journeys.
- Keeping a record of any incidents of domestic violence and abuse in the workplace, including where possible persistent telephone calls, emails or visits to the employee by the alleged perpetrator or perpetrator. These records may be used if the member of staff decides to make a formal complaint to the police, or apply for an injunction against the alleged perpetrator. These records may also be used by BCUHB should the organisation decide to apply for an injunction if the action of the alleged perpetrator impinges on the health and safety of the employee or service provision.

- A formal and documented risk management plan must be implemented. This is an ongoing assessment process and must be reviewed by the manager with the employee at least monthly or more frequently if any new information or changes in circumstances come to light.
- Notes of the meeting will be stored in a restricted access folder on the corporate drive for a maximum of 10 years. A copy will be stored securely within the employees personal file.

Disclosures to BCUHB Corporate Safeguarding via the Multi Agency Risk Assessment Conferences (MARAC'S)

- Safeguarding Specialists are a standing member at Weekly & Monthly MARACs on behalf of the Corporate Safeguarding Team. The Corporate Safeguarding Team continually engages in multi-agency meetings where concerns have been identified regarding children or adult at risks. Where victims and/or perpetrators of VAWDASV who are employees of BCUHB have been identified, the Area Safeguarding Manager will be notified.
- The Area Safeguarding Manager will liaise with WOD and confirm whether the victim and/or perpetrator are employed by BCUHB. If confirmed, the Area Safeguarding Manager will notify the responsible line-manager that a member of staff has been discussed at MARAC.
- The Manager will be responsible for discussing this information with the staff member and offering workplace support and undertaking a workplace risk assessment.

7.7 Employees who are alleged perpetrators or perpetrators of violence against women, domestic abuse and sexual violence.

The Health Board recognises that it has a duty of care in encouraging and supporting employees to address their violent and abusive behaviours. Violence against Women, Domestic Abuse and Sexual Violence perpetrated by employees will not be condoned under any circumstances nor will it be treated as a purely private matter. BCUHB have a duty to report any criminality.

If an employee approaches their manager or another manager in the Health Board about their abusive behaviour, the Health Board will provide them with information about the services and support available to them and will encourage the employee to seek support and help from an appropriate source. (See Appendix 3)

The Health Board will treat any allegation, disclosure or conviction of any abuse related offence on a case-by-case basis with the aim of reducing the risk to others including the victim and any identified children/adult at risk. Allegations of Harm/Abuse involving children or adults may be subject to the Wales Safeguarding Procedures (2019), Section 5, Safeguarding Allegations/Concerns about Practitioners and Those in Positions of Trust, which build on statutory guidance in the Social Services and Well-being (Wales) Act 2014, Part 7 Safeguarding and specifically Working Together to Safeguard People: Volumes: 5 and 6.

Any employee who is subject to a formal investigation by police or where guilt has been established in relation to a criminal offence may be subject to WP9 Disciplinary Policy.

However, there may also be occasions where police and/or courts impose specific conditions on alleged perpetrators/alleged perpetrators of VAWDASV which may be subject to WP9 Disciplinary Policy. The Health Board also reserves the right to consider the use of WP9 Disciplinary Policy should an employee's activities outside of work have had a detrimental impact on their ability to perform the role for which they are employed and/or considered to have brought the organisation into disrepute. Any BCUHB employee who is subject to a formal police investigation in relation to VAWDASV and wider related criminal activities, such as common assault, has a duty to inform the organisation of that. Failure to inform would lead to potential disciplinary action.

If an employee is also a member of a regulatory body, a notification will be required by the appropriate professional lead and supported by WOD, to the regulatory body as part of the investigative process. The Health Board also has a duty in law to report the incident to the Disclosure and Barring Service (DBS).

7.7.1 Manager's role/response

- Allegations will be dealt with fairly and in a way that provides support for the employee who is the subject of the allegation or disclosure.
- Seek advice and support from Corporate Safeguarding and WOD.
- A Workplace Risk Assessment (Appendix 3) must be completed to establish the risks to patients, staff and the individual. This will determine how the risks are to be managed.
- The cases where both the victim and alleged perpetrator/perpetrator are employed by, or contracted to BCUHB must be discussed in the Workplace Safety Group (Domestic Violence and Abuse). Workplace Risk Assessment (Appendix 2 & 3) requires completion.
- Confidentiality will be maintained and information restricted only to those who have a need to know.
- Disciplinary Investigations if indicated will be thorough, independent and timely in line with policy timeframes. All efforts will be made to resolve the matter within 12 weeks, although some cases will take longer due to their nature or complexity.
- The alleged perpetrator or perpetrator will be:
 - Treated fairly and honestly
 - Helped to understand the concerns expressed and processes involved
 - Kept informed of the process and outcomes of any investigation and the implications for any disciplinary process
 - Advised to contact their Trade Union or Professional organisation
 - Advised that they can seek advice from an appropriate source, such as, WOD, Corporate Safeguarding Team and Occupational Health & Wellbeing Services
 - In cases where both the victim and alleged perpetrator or perpetrator of abuse work in the same county/area/department, the Health Board will take action to minimise the potential for the alleged perpetrator or perpetrator to use their position or work resources to find out details about the whereabouts of the victim. This may include, for example, a change in duties for one or both employees or withdrawing the alleged perpetrator's/perpetrator's access to certain computer programmes or offices
 - However, it is also recognised that in certain circumstances, those experiencing and perpetrating domestic abuse in a relationship, may choose to seek solutions jointly and in such situations, support should be given.

It is important to note that this procedure is intended to be safety focussed and supportive rather than punitive.

There are four important potential stages in the consideration of an allegation:

- Identifying risk
- A police investigation of a possible criminal offence
- Disciplinary action by the employer
- Providing specialist, safety focussed counselling

If a BCUHB employee is found to be knowingly assisting an abuser in perpetrating the abuse, for example, by giving them access to facilities such as a telephone, email or a fax machine then they may face disciplinary action.

7.8 Malicious allegations

If it becomes evident that an employee has made a malicious allegation that another employee is perpetrating abuse, then this may be treated as a disciplinary offence and action may be taken in line with WP9 Disciplinary Policy.

7.9 Child at Risk Issues

There is considerable overlap between violence against women, domestic abuse and sexual violence and the abuse of children. According to child protection experts, there is significant evidence that demonstrates that men who are abusive to their female partners are more likely to physically abuse their children. In some instances the children may also be injured in the course of an assault (Safe Lives 2015).

The Domestic Abuse Act 2021 defines domestic abuse as occurring where the victim and perpetrator are aged over 16. Abusive behaviour directed at a person under 16 would be dealt with as child abuse rather than domestic abuse.

However, for the first time, a child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator, is also to be regarded as a victim of domestic abuse in their own right. This will help to ensure that locally-commissioned services consider and address the needs of children affected by domestic abuse.

When dealing with suspected cases of violence against women, domestic abuse and sexual violence the manager should establish if the employee has children living at home and, if so, consider whether they are in immediate danger and if so take action to ensure their safety. In the instance of the involvement of children, the Wales Safeguarding Procedures (2019) must be adhered to. This includes making a Child at Risk Report. BCUHB Corporate Safeguarding Team can provide advice and support.

The issue of safeguarding children is everyone's business and is a shared responsibility.

7.10 Adult at Risk Issues

When dealing with suspected cases of violence against women, domestic abuse and sexual violence, the manager should establish if the employee has any adults who meet the definition of an Adult at Risk (Social Services and Well-Being (Wales) Act 2014: Working Together to Safeguard People; Volume 6 – Handling Individual Cases to Protect Adults at Risk) living at home and, if so, consider whether they are in imminent danger, and take appropriate action to ensure their safety. If adults are deemed to be at risk, the Health Boards Procedure should be adhered to. BCUHB's Corporate Safeguarding Team can provide advice and support.

8. Roles and Responsibilities

8.1 Chief Executive Officer

The Chief Executive of BCUHB has overall responsibility for the effective management of organisational policies/procedures relating to BCUHB employees.

8.2 Executive Director of Workforce and Organisational Development

Is jointly responsible for ensuring this procedure and any associated documentation relating to violence against women, domestic abuse and sexual violence are reviewed and updated in line with future guidance.

8.3 Executive Director of Nursing and Midwifery

Holds responsibility for this procedure and this is delegated to the Director of Safeguarding and Public Protection.

8.4 Head of Safeguarding Children

Is responsible for ensuring this procedure and associated documentation are reviewed and updated in line with future guidance.

8.5 Head of Occupational Health and Wellbeing

Has a responsibility to offer support to employees who are affected by violence against women, domestic abuse and sexual violence.

8.6 Managers and Heads of Services

Managers are responsible for raising awareness of the procedure to all employees. They are also responsible for ensuring that any staff who experience domestic violence and abuse, and employees who are perpetrators of domestic violence and abuse are treated fairly and offered appropriate support. This support needs to consider safety of the victim and management of risk to children and adults within the family. Any managers who require training as a result of this procedure should contact Learning and Development Department.

9. Monitoring, Escalation and Implementation Arrangements

Monitoring of this procedure will be the responsibility of the BCUHB Safeguarding Policy/Procedure Task Group with escalation to the Safeguarding Governance and Performance Group.

This procedure will be disseminated throughout the organisation via a 7 minute briefing, through the relevant forums and the safeguarding bulletin. Mandatory training will be provided for all staff employed by, and contracted to BCUHB as directed through the SCH08-Safeguarding People at Risk Training Strategy and WP30-Statutory and Mandatory Training Policy and Procedure.

10. Reference to Legislation

The legislation and guidance supporting this procedure includes: Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015); Female Genital Mutilation Act (2003); Sexual Offences Act (2003); Forced Marriage (Civil Protection) Act (2007); Human Rights Act (1998); Social Services and Wellbeing (Wales) Act (2014); Domestic Abuse Act (2021); Wales Safeguarding Procedures (2019); Serious Crime Act (2015).

11. References

Wales Safeguarding Project Board (2019), *Wales Safeguarding Procedures*. Available from: www.safeguarding.wales

Home Office, (2015). Serious Crime Act.
Available at <http://www.gov.uk/government/collections/serious-crime-bill>

Office for National Statistics, (2016). Statistical bulletin: Domestic abuse in England and Wales: year ending March 2016. Available at: <https://www.ons.gov.uk>

Office for National Statistics (2021). Domestic abuse prevalence and trends, England and Wales: year ending March 2021. Available at <https://www.ons.gov.uk>

Research by the Equality and Human Rights Commission (2010)
Welsh Government, (2015). Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015). Available at: <https://www.legislation.gov.uk>.

Welsh Government, (2014). Social Services and Wellbeing (Wales) Act 2014.
Available at: <https://socialcare.wales/hub/sswbact>

Welsh Government, (2014). Social Services and Wellbeing (Wales) Act 2014. Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at Risk.

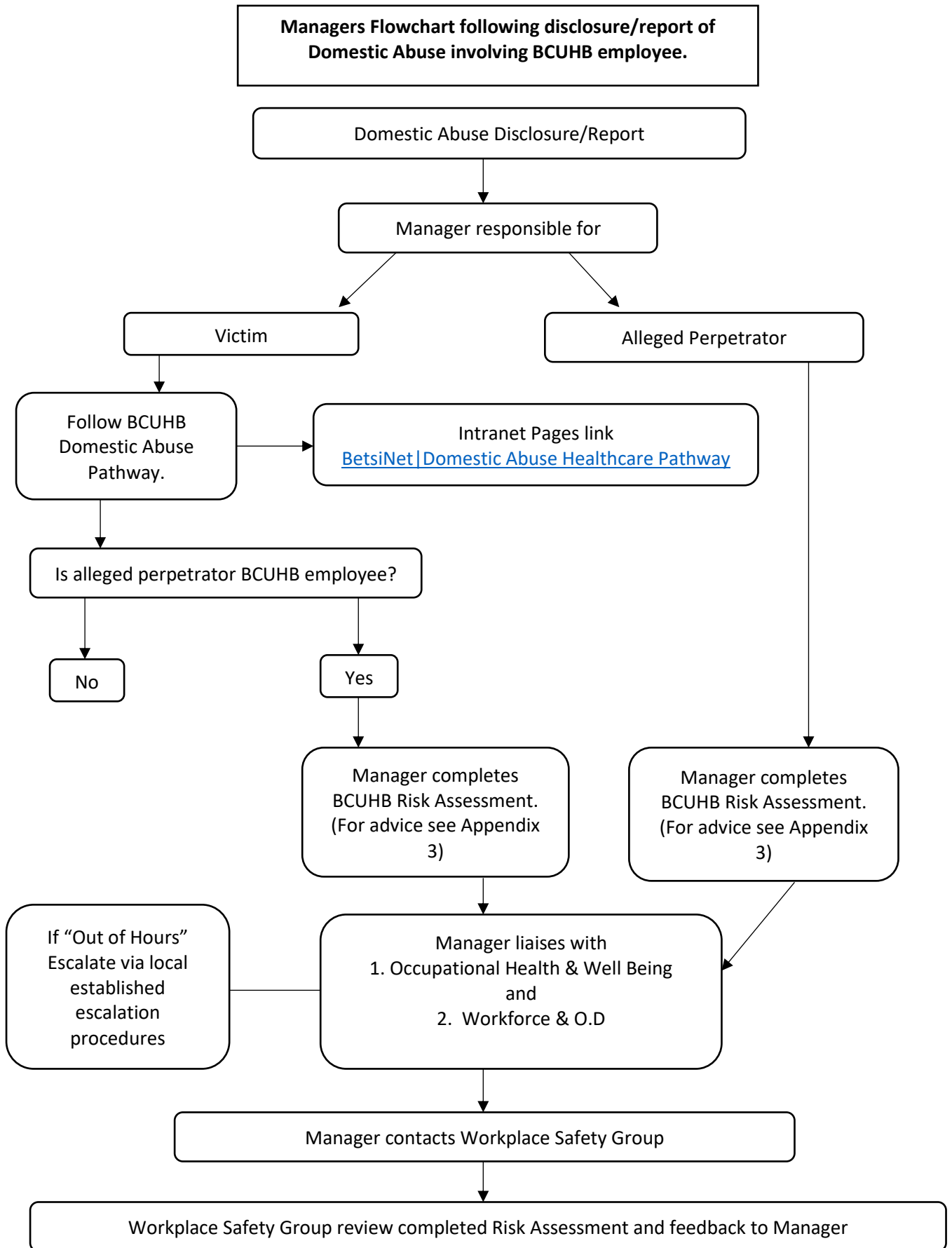
Members of the Working Group:

Title
Head of Safeguarding Children
HR Manager – West Locality and Women’s

Engagement has taken place with:

Title		Date Consulted
Area Safeguarding Manager		27 th May 2022
Area Safeguarding Manager		27 th May 2022
Safeguarding Midwifery Lead		27 th May 2022
HR Manager – West Locality and Women’s Services		28 th June 2022
Safeguarding Practice Development Lead		28 th June 2022
Safeguarding Practice Development Lead		28 th June 2022
Safeguarding Specialist - West		28 th June 2022
Safeguarding Specialist - Central		28 th June 2022
Director of Nursing Secondary Care		28 th June 2022
Senior Safeguarding Leads Meeting	Chaired by the Director of Safeguarding and Public Protection	19 th July 2022
HR Team		20 th July 2022
Workforce Policy Group		20 th July 2022
Safeguarding Governance and Performance	Chaired by the Director of Safeguarding and Public Protection	26 th July 2022

Appendix 1 – Management Flowchart



Appendix 2

Domestic Violence and Abuse of victim employed by BCUHB. Checklist to aid Risk Assessment completion				
Checklist				
		Yes	No	Notes
1.	Does the Victim require time away from duties, hospital treatment, solicitor appointment etc?			
2.	Arrange Occupational Health & Wellbeing referral.			
3.	Follow DA Pathway.			
4.	Are colleagues involved- e.g. as witnesses?			
5.	Are colleagues at risk?			
6.	Are patients at risk?			
7.	Are staff are aware of ALL security procedures for building?			
8.	Are doors/windows locked as necessary?			
9.	Does alleged perpetrator have knowledge of victims workplace i.e. routines, regular shift patterns, start & finish times, location,? Add 13			
10.	Is alleged perpetrator known to have access department i.e. via key codes, alternative entrances?			
11.	Are all local procedures robust, i.e. "buddy" system, diary tracking, staffing levels/skill mix, use of Lone Working Policy etc?			
12.	Is all safety equipment functional and in use, i.e. lone worker badge, alarm systems, mobile phones, closed/locked doors in use?			
13.	Does alleged perpetrator have knowledge of victim's base / lease vehicle and its usual parking location in workplace? (If applicable.)			
14.	Does alleged perpetrator work/employment put them in contact with victim?			
15.	Does alleged perpetrator has any health needs requiring access to victims place of work put them in contact with the victim?			

Only with victims consent		Yes	No	Notes
16.	Are colleagues made aware of the situation?			
17.	Does the alleged perpetrator have access to victim's work (BCUHB) mobile telephone number – consider barring Alleged perpetrator number if known. Consider barring withheld numbers.			
18.	Do "switchboard/reception" staff handle calls? Do they ensure the validity/identity of caller if victim is requested? (Consider "call back" numbers)			
19.	Do staff give out personal details of victim (telephone number, extension number or when on duty or off duty.)			
20.	Are staff aware of right to terminate call during offensive telephone conversation and to report to manager immediately.			

Confidential Risk Assessment Worksheet

Must be stored in accordance with the Data Protection & Confidentiality Policy

https://nhs.wales365.sharepoint.com/sites/BCU_Intranet_IG/SitePages/Information-Governance.aspx

CPG/Corporate Function & Department:		Date:
Section/Area where task takes place:		
Task/Work Activity:		
Element:		
Assessor(s):	Job Title	

Consequence Score	Likelihood Score				
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

To obtain the risk rating multiply the appropriate consequence score by the appropriate likelihood score, e.g. Minor 2 x Likely 4 = 8

RISK RATING ACTION GUIDE TABLE

1 - 3	Low Risk- Action only if low cost remedy, easy to implement, re-assess if process/procedure, guidance or legislation changes, keep under review.
4 - 6	Moderate Risk- Action that is cost effective in reducing the risk and planned and implemented within a reasonable time scale.
8 - 12	High Risk- Urgent action to remove or reduce the risk. To be escalated to senior management.
15 - 25	Extreme Risk- Immediate action to remove or reduce risk to tolerable level. Consideration given to stopping process. Inform Senior Management & Risk management/Health & safety Departments at once.

Hazard	Risk Associated	Who Will Be Harmed? (how many)	Existing Control Measures	Current Risk Rating CXL	Action Required	Residential Risk Rating CXL	* Date Action to be Completed

Assessors Signature **Date:** **Managers Signature:**

Date:

Reassessment Date: / / / / / / / /

Note: Depending on the complexity of the Risk Assessment an Action Plan may be required

Appendix 3 – Alleged Perpetrator

Checklist to aid Risk Assessment completion				
Area for Concern		Yes	No	Notes
1.	Does employee require time away from duties, police interview, solicitor appointment, court appearance etc?			
2.	Arrange Occupational Health & Wellbeing referral.			
3.	Arrange WOD involvement and Corporate Safeguarding Team.			
4.	Are colleagues involved- e.g. as witnesses?			
5.	Are colleagues at risk?			
6.	Are patients at risk?			
7.	Is victim likely to come into contact with employee due to job			
	Is victim known to be a BCUHB employee?			
8.	Have you communicated with victim manager to discuss risk assessment?			
9.	Does alleged perpetrator have police/court bail conditions imposed that will have impact upon job role?			

Confidential Risk Assessment Worksheet

Must be stored in accordance with the Data Protection & Confidentiality Policy

https://nhswales365.sharepoint.com/sites/BCU_Intranet_IG/SitePages/Information-Governance.aspx

CPG/Corporate Function & Department:		Date:
Section/Area where task takes place:		
Task/Work Activity:		
Element:		
Assessor(s):	Job Title	

Consequence Score	Likelihood Score				
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
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To obtain the risk rating multiply the appropriate consequence score by the appropriate likelihood score, e.g. Minor 2 x Likely 4 = 8

RISK RATING ACTION GUIDE TABLE

1 - 3	Low Risk- Action only if low cost remedy, easy to implement, re-assess if process/procedure, guidance or legislation changes, keep under review.
4 - 6	Moderate Risk- Action that is cost effective in reducing the risk and planned and implemented within a reasonable time scale.
8 - 12	High Risk- Urgent action to remove or reduce the risk. To be escalated to senior management.
15 - 25	Extreme Risk- Immediate action to remove or reduce risk to tolerable level. Consideration given to stopping process. Inform Senior Management & Risk management/Health & safety Departments at once.

Hazard	Risk Associated	Who Will Be Harmed? (how many)	Existing Control Measures	Current Risk Rating CXL	Action Required	Residential Risk Rating CXL	* Date Action to be Completed

Assessors Signature **Date:** **Managers Signature:**
Date:

Reassessment Date: / / / / / / / /

Note: Depending on the complexity of the Risk Assessment an Action Plan may be required

Appendix 4 - Area Domestic Abuse Workplace Safety Group ToR



Corporate Safeguarding Team

Area Domestic Abuse Workplace Safety Group

Terms of Reference

1.0 INTRODUCTION

1.1 Purpose

To provide support and to appropriately manage risk to all victims of domestic abuse and sexual violence, and perpetrators employed by BCUHB promoting a safe environment for patients and all staff members (Preventing and Combating Violence Against Women and Domestic Violence (Ratification of Convention) Act 2017, Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015).

2.0 RESPONSIBILITIES

- 2.1 To provide advice/support to line managers and safeguarding advisor/ specialists who are supporting employees, perpetrators or victims, of domestic abuse.
- 2.2 To act as a reviewer for actions/recommendations advised by the criminal justice system, its partners, and Multi Agency Risk Assessment Conference (MARAC) if applicable
- 2.3 To review work place risk assessments/action plans, developed at area management level, in order to promote a safer working environment for victims of abuse, perpetrators and other staff members, promoting a safer environment.
- 2.4 To support the Area Safeguarding Forum and the Safeguarding Governance and Performance Group in discharging its responsibilities for Health, Safety and Wellbeing.

3.0 MEMBERSHIP

Standing Members:

Area Safeguarding Manager (Chair in each area)

Workforce Manager (Deputy Chair)

Health and Safety advisor.

Workforce Officer.

Violence and Aggression Case Manager.

Line Manager – for initial meeting, then updates requested by the chair to be submitted for the monthly reviews.

Consideration can be given to attendance from:

- Occupational Health and Wellbeing representative.
- Medical Workforce Manager.
- Information Governance representative.
- Safeguarding Advisor/Specialist.
- Head of Safeguarding Children/Safeguarding Specialist Midwife as required.

4.0 DELEGATED POWERS AND AUTHORITY

- 4.1 The Group is authorised by the Area Safeguarding Forum to investigate any activity within the Terms of Reference.
- 4.2 The Group is authorised to seek additional information from any employees of the Health Board. All employees are directed to co-operate with any such requests.
- 4.3 The Group is authorised to provide advice/recommendations to the managers of all grades/disciplines.

5.0 GROUP MEETING

- 5.1 **Quorum:** at least three individuals must be present to ensure that the Group is quorate (The Group should reflect professionals from different service areas).
- 5.2 **Frequency of meetings:** the Area Domestic Abuse Workforce Safety Group will meet on a monthly basis or if required an urgent/emergency meeting can be called in exceptional circumstances. A standard Agenda will structure the meeting. Minutes will be taken and disseminated to attendees and copies stored on the secure electronic Corporate Safeguarding drive. Access to this drive is restricted to the Area Senior Safeguarding Manager, and is password protected.
- 5.3 The Area Safeguarding Manager will ensure that a secure database of ongoing cases will be updated following each meeting with any actions assigned to an identified group member.
- 5.4 The Group will ensure that any cases discussed will be treated with respect and ensure the highest levels of confidentiality. However, information may need to be escalated where there is a perception of serious risk following discussion.
- 5.5 Any transfer of information between the group and outside agencies will be in accordance with Data Protection Act (2018) and BCUHB procedures.
- 5.6 Victims or perpetrators of domestic abuse discussed will not be in attendance at any meeting.
- 5.7 Line managers will be invited to the initial meeting; thereafter monthly updates will be required to be submitted to the Area Domestic Abuse Workplace Safety Group. Managers can request to attend a meeting to present/discuss any ongoing issues with cases they are dealing with.

- 5.8 Cases that have been brought to the Group will remain open/active until the manager of the staff member has been informed that the case is closed. Cases can only be closed following formal agreement at the meeting, where a note of closing has been made.
- 5.9 Cases in which the perpetrator, who is a BCUHB employee, will remain open until a court has disposed of the case or until the police have informed BCUHB that the investigation has been completed or any Professional Body investigation completed and outcome known. Cases can only be closed following formal agreement at the meeting, where a note of closing has been made.
- 5.10 Notes of the meetings will be stored in restricted access folders on the corporate drive for a maximum of 10 years. A copy will be stored in the employees personal file.
- 5.11 Should the Group's advice/recommendations not be acted upon by the local management then, this will be reported to the Area Safeguarding Forum. If required this can be escalated to the Strategic Safeguarding Governance and Performance Group as soon as possible.

6.0 REPORTING AND ASSURANCE ARRANGEMENTS

- 6.1 The Group, through the Chair (or nominated deputy), shall report quarterly activity, to the Area Quality and Safety Committee and the Area Safeguarding Forum and ultimately to the Safeguarding Governance and Performance Group.

7.0 REVIEW

- 7.1 These terms of reference will be reviewed on an annual basis.

Date Terms of Reference Approved:

Signed: (Chair)

Date:

Area Domestic Abuse Workforce Safety Group

Agenda:

1. Introductions/Apologies.
2. Confidentiality Statement: Information discussed by attendees, within the ambit of this meeting, is strictly confidential and must not be disclosed to third parties without the agreement of the Area Domestic Abuse Workplace Safety Group. It should focus on domestic abuse issues pertaining to the workplace, the management of risk and any vulnerable adult and child protection concerns and a clear distinction should be made between fact and professional opinion.
3. Actions from previous meeting.
4. Chronology and timeline of events and updates.
5. Any ongoing criminal proceedings actions/recommendations from Criminal Justice System.
6. Has professional body been notified in the case of employee perpetrator?
7. Review current workplace Risk Assessment.
8. Ensure staff support systems in place –
Ensure addresses/telephone no. safe for appointments
ESR updated NOK contacts correct
9. Set date of next meeting.

Appendix 5 – Workplace Safety Group Meeting Minutes Template



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Workplace Safety Group Meeting Minutes

Date of Meeting	Time of Meeting	Venue
Attendees:		
Name	Designation	
	Area Safeguarding Manager Chair	
Apologies:		
Name	Designation	
Name of staff member:		
DOB:		
Address:		
Designation & Area of Work:		
Telephone Number:		
Details of Next of Kin:		
Staff member details correct on ESR:	Yes/No	
Victim/perpetrator:		
Details of any children/vulnerable adults:		
Name:		
DOB:		
Actions Taken:	Child at Risk Report YES/NO Adult at Risk Report YES/NO	
Additional information:		
Name of Line Manager:		
WOD Officer:		

Case discussed in MARAC		Yes/No	Date of MARAC:		
Date of referral into Workplace Safety Group:					
Dates of previous discussion/s within Workplace Safety Group:					
Review actions from previous meetings:					
Summary/Background information:					
Summary of the case discussion					
Case subject to criminal proceedings:		Yes/No Update			
Professional Body Notification:		Yes/No NMC/GMC/SCW/HPCPC Other:			
Risk Assessment completed/reviewed		Yes/No			
Action Tracker					
No	Action	Responsible Lead	Timescales	Outcome/feedback	RAG Status
Date of Next Meeting:					
Date closed to Workplace Safety Group:					

Appendix 6 – Main Support Agencies

Support Agency	Contact Number
All Wales Domestic Abuse & Sexual Violence Helpline	☎ 0808 8010800
BAWSO (Black Association of Women Step Out)	☎ 0292 0644633
Broken Rainbow Domestic Abuse Helpline (Referral service for Lesbians, Gay, Bisexuals and Transgender LGTB)	☎ 0845 2604460
Childline	☎ 0800 11 11
Dyn Wales/Dyn Cymru Helpline (support for gay, bisexual & heterosexual men experiencing or who have experienced domestic violence)	☎ 0808 8010 800
Forced Marriage Unit	☎ 020 70080151
Foreign Commonwealth Office (forced marriages)	☎ 020 70081500
Freecall Message Home (for those who have left home but want to pass on message to family/friends without communicating directly)	☎ 0208 3924590
Legal Aid advisors (www.justask.org.uk/index.jsp)	☎ 0345 3454345
Male Advice Line and Enquiry Live Fear Free Helpline	☎ 0808 80 10 800
Live Fear Free Helpline by text	☎ 07860077333
National Child Protection Helpline (NSPCC)	☎ 0808 8005000
Immediate Safety – 999 101 NHS Direct Wales North Wales Police	☎ 0845 4647 Immediate Safety 999 - 101
Refuge Women's Aid (www.refuge.org.uk)	☎ 0808 2000247
Reunite (for those who have had or fear child abduction) Shelterline	☎ 0808 800444
The Samaritans	☎ 116123
Unison Welfare Support for members and dependants	☎ 0800 0857857
Victim Support (www.victimsupport.org.uk)	☎ 0808 1689111
Welsh Women's Aid (www.welshwomensaid.org)	☎ 0292 0541551
Local Helplines	Contact Number
Occupational Health and Well-being	☎ 01248 384384 / 01978 291100 / 01745 583910
Rape Crisis	☎ 0808 8010800
Sexual Assault Referral Centre (SARC)	☎ 0808 1563658
Safeguarding (Domestic Abuse)	☎ 0808 8010800
Unison (Members & Non-members)	☎ 01492 516102

Betsi Cadwaladr University Local Health Board (BCUHB)



SCH05b Violence Against Women, Domestic Abuse and Sexual Violence Service User Procedure

Date to be reviewed:	September 2025	No of pages:	61		
		Author(s) title:	Head of Safeguarding Children		
Responsible Dept / Director:	Director of Safeguarding & Public Protection				
Approved by and Date:	Corporate Senior Leads: 01/11/22 Safeguarding Governance and Performance Group [SGPG]: 24/01/23				
Date activated (live):	01/03/23				
Documents to be read alongside this document:	Sexual Offences Act 2003 Wales Safeguarding Procedures 2019 All Wales Minimum Standards Routine Enquiry into Domestic Abuse, Pregnancy and Early Years (Welsh Government 2022) Social Services and Well-being (Wales) Act 2014 Crime and Disorder Act 2014 Serious Crime Act 2015 Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 Domestic Abuse Act 2021				
Review A	Purpose of Issue/Description of current changes: A requirement to update the procedure to meet the review timescales of September 2022				
Date EQIA completed:	September 2022				
First operational:	September 2013				
Previously reviewed:	Nov. 2014	January 2019	March 2021	date	date
Changes made yes/no:	Yes	Yes	Yes	Yes/no	Yes/no

PROPRIETARY INFORMATION

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Paper copies of this document should be kept to a minimum and checks made with the electronic version to ensure the version to hand is the most recent.

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1.0 Introduction/Overview

- 1.1 There are 2.3 million victims of domestic abuse a year aged 16 to 74, of which two-thirds are women (Office of the National Statistics (ONS), 2020). The number of domestic abuse crimes recorded by the police in England and Wales in the year ending March 2021 increased by 6%, from 798,607 in the year ending March 2020 to 845,734 (ONS, 2021). As many cases will not enter the criminal justice process police data can only provide a partial picture. Domestic abuse can affect anyone, regardless of their sex, age or race. Women are more likely to experience repeat victimisation, be physically injured or killed as a result of domestic abuse and experience non-physical abuse than men (ONS, 2018).
- 1.2 The Domestic Abuse Report 2022: The Annual Audit states that nearly 60% of survivors accessing domestic abuse support services have children and 1 in 15 are pregnant. 59.7% of women in refuge services had children. The length of abuse experienced ranged from less than a month to 66 years; the average was six years. 88% of a sub-sample of service users had experienced emotional abuse and 66.6% had experienced jealous or controlling behaviour.
- 1.3 The Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) (Wales) Act 2015 legislates to improve public sector response, through strong leadership and a more consistent focus on the way these issues are tackled in Wales and helps victims. Of equal importance the VAWDASV (Wales) Act 201) also legislates to prevent abuse happening in the first place. The VAWDASV (Wales) Act 2015 addresses domestic abuse and sexual violence perpetrated against all people in Wales, irrespective of gender or sexual orientation. It also addresses violence perpetrated against a woman or man arising directly or indirectly from values, beliefs, or customs relating to gender or sexual orientation.
- 1.4 The Social Services and Well-being (Wales) Act (SSWBA) 2014 with the focus being on the provision of preventative services and in promoting wellbeing. Part 7 of the Act describes the process of keeping Adults at Risk (SSWBA 2014) safe, including those that are at risk of domestic abuse and sexual violence, provision is also given for the same response for a Child at Risk (SSWBA 2014) who is experiencing or witnessing domestic violence, abuse or sexual violence.
- 1.5 Domestic Abuse Act 2021, further enhances the VAWDASV Act 2015, will include:
- Create for the first time, a cross-government statutory definition of domestic abuse which recognises children as victims in their own right.
 - Establish in law the office of the Domestic Abuse Commissioner.
 - Provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order.
 - Extend the controlling or coercive behaviour offence to cover post-separation abuse.
 - Extend the offence of disclosing private sexual photographs and films with intent to cause distress to cover threats to disclose such material.

- Create a new offence of non-strangulation or suffocation of another person.
- Place Clare's Law on a statutory footing.

1.6 For the purpose of the procedure, whenever the term 'domestic violence and abuse' is used it means Violence Against Women, Domestic Abuse and Sexual Violence as described by the VAWDASV (Wales) Act 2015. It also includes any gender based violence.

2.0 Procedure Statement

2.1 Betsi Cadwaladr University Health Board (BCUHB) is affected as both the provider of care for individuals subjected to or perpetrating domestic abuse and sexual violence, and as the employer of staff who may experience or perpetrate abuse. BCUHB is committed to creating an environment which encourages disclosures of domestic abuse and sexual violence within the health care setting and workplace, and is committed to providing support and advice to all those affected. This procedure provides guidance to staff to enable them to support service users, a further procedure has been developed to provide guidance on how to support staff (Sch05a).

2.2 BCUHB supports the Welsh Government Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 in being committed to the resolution of domestic violence, abuse and sexual violence (VAWDASV (Wales) Act 2015).

3.0 Aims/Purpose

3.1 Gender-based violence is a major public health issue. Having health practitioners trained in the identification and management of abuse is essential if we are to address not only today's health problems but those of future generations that originate from Adverse Childhood Experiences (Public Health Wales 2015).

3.2 This procedure identifies processes to support staff in the identification and management of domestic abuse and sexual violence, and seeks to:

- Ensure that staff are aware and alert to the signs of domestic violence, abuse and sexual violence.
- Ensure that staff are confident to make appropriate and timely Reports and referrals to support services within BCUHB, and externally to other partner agencies to ensure that those at risk of harm are protected.
- Enable staff to apply consistent, co-ordinated, evidence based approach to domestic violence, abuse and sexual violence whilst ensuring that perpetrators are prevented from instigating further harm.

- Ensure the needs of people from disadvantaged or under-represented groups are properly considered and that the services of BCUHB are fully accessible and culturally sensitive with regards to policy access, advice, and language needs when working with individuals who face additional difficulties.

4.0 Objectives

- 4.1 The aims and purpose of this procedure will be achieved by:
- Provision of this procedure to ensure a consistent approach in responding to cases involving VAWDASV.
 - Delivery of training relating to VAWDASV in order to educate staff in the delivery of this procedure.

5.0 Scope

- 5.1 This procedure will apply equally to all genders of service user above the age of 16 years who seeks support, advice or assistance in relation to domestic abuse and sexual violence. There is an acknowledgement that 16-18 year olds experience domestic violence, abuse and sexual violence has been in place since 2013 (United Kingdom Government 2013), those under the age of 16 years who are considered at risk of harm, would be referred and assessed as a Child at Risk (SSWBA 2014).
- 5.2 The term ‘staff’ is used throughout this document and includes all employees/workers as well as students.

6.0 Roles and Responsibilities

6.1 Chief Executive Officer

The Chief Executive Officer of BCUHB has overall responsibility for the effective management of organisational policies/procedures relating to BCUHB service users.

6.2 Executive Director of Nursing and Midwifery

Is jointly responsible for ensuring this procedure and any associated documentation relating to Violence Against Women, Domestic Abuse and Sexual Violence are reviewed and updated in line with future guidance, this is delegated to the Director of Safeguarding & Public Protection.

6.3 Head of Safeguarding Children

Has delegated responsibility from the Director of Safeguarding & Public Protection for ensuring this procedure and associated documentation are reviewed and updated in line with future guidance.

6.4 Safeguarding Midwifery Lead

Has delegated responsibility for ensuring this procedure and associated documentation is reviewed and updated in line with up to date guidance.

6.5 **Managers and Heads of Services**

Managers are responsible for raising awareness of the procedure to all employees. They are also responsible for ensuring that service users who experience domestic violence, abuse and sexual violence, or who are perpetrators, or family members are treated fairly and offered appropriate support. This support needs to consider safety of the victim and management of risk to children and adults within the family.

7.0 **Procedure**

7.1 **Definitions**

7.1.1 **'Violence against Women'** has been defined by the United Nations as any act of gender-based violence that results in, or is likely to result in, physical sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The term violence against women is used to describe violence perpetrated against a woman because she is a woman, being recognised internationally as a violation of human rights.

7.1.2 **'Domestic Abuse'** definition is a cross-government statutory definition created by the Domestic Abuse Act 2021. Domestic abuse refers to abuse which takes place between two people aged over 16 who are personally connected to each other. This includes people who are or have previously been married, in civil partnerships or in relationships; who have a child together; or are relatives. Abuse can be:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

7.1.3 **Controlling behaviour is:** a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

7.1.4 **Coercive behaviour is:** an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim. This definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

7.2 **Types of Domestic Abuse**

7.2.1 **Psychological**

Obsessive behaviour, jealousy, blaming the individual for the abuse, minimising the abuse, threats to kill or harm self or others, humiliation, destroying possessions, stalking, and harassment.

7.2.2 **Physical**

Punching, head butting, biting, suffocation, hair pulling, kicking, slapping, strangulation, drowning, burning, sleep deprivation, using weapons, imprisonment, 'Honour Based Violence' (HBV), Female Genital Mutilation (FGM), and murder.

7.2.3 **Sexual**

Rape, non-consensual sex, unwanted touch, penetration with objects, pornography, buggery, bestiality, not practising safe sex, trafficking, and prostitution.

7.2.4 **Financial**

Denied access to salary/benefits/inheritance, sole mortgage or tenancy arrangements (perpetrator), building up debt, theft and fraud.

7.2.5 **Emotional**

Exclusion, stigma, isolation, forbidden from socialising/working/education, undermining parental authority, leaving visible signs of injury to embarrass and deter from going out, racial abuse, homophobic/biphobic/transphobic abuse, and controlling behaviour such as 'outing' or the threat of 'outing'.

7.3 **Possible signs and/or symptoms of Violence Against Women, Domestic Abuse and/or sexual violence.** This list is non-exhaustive (some apply to both males and females):

7.3.1 **Physical**

- Stress related ailments – headaches, irritable bowel syndrome.
- Bruising to the body, bruising/injury at different stages of healing.
- Injuries to the face head or neck.
- Burns/scalds – consistent with cigarette/chemical/liquid or friction burns.
- Hair loss – consistent with hair pulling.
- Sexually Transmitted Infections (STI's), vaginal infections or gynaecological problems.
- Miscarriages/history of miscarriages/repeated termination of pregnancy.
- Stillbirths, premature labour, low birth weight babies.
- Unexplained injuries or those inconsistent with history.
- Unexplained 'accidents' to children.

7.3.2 **Behavioural**

- Evasive/ashamed/confused.
- Late to work, poor performance/sudden change in performance.
- Long/ frequent short term/intermittent absences from workplace.
- Repeat attendances in areas such as General Practice/Minor Injury Units/Emergency Departments.
- Repeated non-attendance at appointments.
- Presents in health settings complaining with vague symptoms.
- Accompanied to all appointments – difficult to see individual alone.
- Substance misuse.
- Frequent use of pain medication.

- Eating disorders.

7.3.3 **Psychological/Emotional**

- Depression/anxiety/panic attacks.
- Self-harm.
- Attempted suicide.

7.4 **Systems of enquiry:**

7.4.1 **Routine Enquiry:** refers to the process of asking all service users over the age of 16 years direct questions about their experiences, if any, of domestic abuse regardless of whether there are signs or symptoms of abuse (see HITS questions in Appendix 3).

7.4.2 **Selective Enquiry:** refers to the process of asking individuals directly about their experience, if any, of domestic abuse where there are concerns or suspicions, including the presence of signs or symptoms.

7.4.3 **Ask and Act (VAWDASV (Wales) Act 2015):** The new Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 legislated in reference to Ask and Act as a statutory obligation. Ask and Act will be a national targeted enquiry across Public Authorities in Wales for Violence Against Women, Domestic Abuse and Sexual Violence and legislates that there is an:

- Organisational duty to encourage relevant professionals to “Ask” potential victims in certain circumstances (targeted enquiry); and
- to “Act” so that harm as a result of the violence and abuse is reduced.

‘Ask and Act’ is a principles based approach to targeted enquiry; it represents Groups 2 and 3 of the National Training Framework on Violence against Women, Domestic Abuse and Sexual Violence (Welsh Government 2016). The aim of Ask and Act is to increase identification and support for those who experience Violence Against Women, Domestic Abuse and Sexual Violence.

All staff members and managers of BCUHB should be conversant with routine, selective enquiry and the requirements of Ask and Act (VAWDASV (Wales) Act 2015) where there are concerns or suspicions regarding domestic abuse.

Enquiry into domestic abuse should not be undertaken if the person is not seen alone.

However, attempts should be made to see the person alone if there are concerns about domestic abuse, or if, in pregnancy, routine enquiry has not taken place.

To be read in conjunction with BCUHB Domestic Abuse Healthcare Pathway (Appendix 2) and All Wales Minimum Standards, Routine Enquiry into Domestic Abuse, Pregnancy and Early Years (Welsh Government 2022) (Appendix 1).

7.5 Managing a disclosure of domestic abuse

7.5.1 Believe the individual, do not ask for evidence and ensure you provide time for them ensuring you consider their immediate safety needs. Consider the location of the perpetrator and the potential for escalation. Staff must consider the safety of service users, themselves and others within the department/location/environment.

7.5.2 Carry out a risk assessment using the SafeLives Risk Assessment to establish the severity of risk posed to the individual (Appendix 5).

Validate what is being disclosed and reinforce that the abuse is not their fault.

7.5.3 Enquire regarding pregnancy, children and/or Adults at Risk (SSWBA 2014) in the household where domestic abuse occurs. Procedures and policies in relation to Adults and Children at Risk (SSWBA 2014) must also be followed. This includes the completion of a Child at Risk Report and consideration of an Adult at Risk Report. An Adult at Risk Report should not be completed instead of the completion of a MARAC Referral.

7.5.4 Record events using the victims own words and provide a written description/body map of any injuries sustained. Staff member or manager should contact the Safeguarding Team for support and advice in the event of a disclosure or if there is evidence of domestic abuse (injuries/home conditions) but a disclosure is not forthcoming.

7.5.6 Provide an interpreter as necessary. This must **not** be a family member, friend, or BCUHB staff member (unless otherwise recognised as an approved translator).

The use of Welsh Interpretation and Translation Service or other approved interpretation and translation services is advocated to ensure anonymity (see Interpretation Services on intranet or [BetsiNet | Interpretation Services](#)).

7.5.7 Consider arranging an advocate for individuals who face additional difficulties such as learning disability or mental health problems.

7.5.8 A confidential risk assessment worksheet (Appendix 14) should be completed for all health services that are working with the individual/family to ensure that risks are mitigated against for the victim, family, service users and staff.

- 7.5.9 The identified MARAC referral thresholds for visible *high risk* cases of domestic abuse is 14 or more **yes** ticks on the SafeLives Risk Assessment. In cases where 14 **yes** ticks are not achieved, but you determine the case to be high risk, based on professional judgement it is appropriate to undertake a MARAC referral to safeguard the individuals involved (Appendix 4). **High risk** is defined as individuals at risk of homicide or serious harm (SafeLives 2015).
- 7.5.10 In cases that are considered *medium or low risk* – where the outcome of a SafeLives Risk Assessment is less than 14 and the health professional does not consider there are grounds to refer to MARAC on professional judgement, clear communication with other health professionals involved in the care of the woman and family should take place. The GP should be provided with a copy of the SafeLives Risk Assessment. The health professional should revisit the SafeLives Risk Assessment after 1 month. Please refer to (Appendix 4 - Making a Referral to MARAC).
- 7.5.11 If there is a serious and immediate concern for an individual's safety call 999. Information in relation to domestic abuse enquiry should never be recorded in hand-held notes/hand held patient records. There should be clear rationale for any information documented (Data Protection Act 2018) and this should be stored securely in the relevant format used for each service.
- 7.5.12 Where a crime has been disclosed, consideration must be given as to BCUHB's duty of care and whether reporting to Police is required. The Corporate Safeguarding Team can support staff to consider their roles and responsibilities following a disclosure.
- 7.5.13 Where a disclosure has taken place in any of the three general Hospitals (Ysbyty Glan Clwyd, Ysbyty Gwynedd, Ysbyty Wrexham Maelor) staff can access specialist advice and support from the Health-IDVA.
- 7.5.14 A request for refuge accommodation should be taken seriously and immediate.
- 7.5.15 Actions to ensure a place of safety should be taken through discussion with the **Live Fear Free Helpline 0808 8010800**.

7.6 Managing a Disclosure of Sexual Violence

- 7.6.1 The response for dealing with a disclosure of sexual violence will depend upon the venue and health practitioner that is in receipt of the disclosure. As with a disclosure of domestic violence or abuse, believe the individual, do not ask for evidence and ensure you provide time for them ensuring you consider their immediate safety needs. Consider the location of the perpetrator and the potential for escalation. Staff must consider the safety of service users, themselves and others within the department, or if there are children within a family environment. Consideration to whether the individual or other adults are Adults at Risk (SSWBA 2014), or there are identified Children at Risk (SSWBA 2014) should be undertaken and appropriate referrals made to the relevant Local Authority.
- 7.6.2 There should also be consideration to if an individual has capacity to consent, (Appendix 10) details management of cases in the event of a disclosure from an Adult with Capacity, an Adult without Capacity would be managed and supported as an Adult at Risk (SSWBA 2014) and subject to an assessment in relation to the Mental Capacity Act 2005 and if indicated Deprivation of Liberty Safeguards Assessment implemented.
- 7.6.3 Consideration to if there is a need for a risk assessment is required, or signposting to relevant services is relevant, based on capacity and the wishes of the individual.
- 7.6.4 Each Emergency Department of BCUHB will follow the procedure for the management of sexual assault and this is available from: <http://howis.wales.nhs.uk/sitesplus/documents/861/YG%20SARC%20Pathway.pdf>. (Appendix 13). This should be used in conjunction with the SARC leaflet (Appendix 10).
- 7.6.5 **Barriers to disclosure:** This list is non-exhaustive:
- Language barriers.
 - Fear of death or serious harm.
 - Fear of repercussion should the abusive partner find out.
 - Fear of “outing”.
 - Fear that their children may be taken into care.
 - Fear that they may be deported.
 - Fear that they will not be believed.
 - Feelings of shame/guilt/embarrassment.
 - Fear that they will not be supported by professionals/managers or agencies following disclosure.

7.7 Information Sharing Without Consent (Department of Health 2012).

7.7.1 The Department of Health (2012) provides clear guidance in relation to the sharing of information:

'In terms of proportionality, the more serious the harm the greater the imperative to prevent it and the greater the justification for sharing information without consent.'

If the organisation holds information about an individual that could be shared appropriately to protect either the individual or others from harm it becomes an ethical dilemma. The decision to withhold information may in itself then become a contributory factor to harm being caused.

All organisations and individuals should seek to prevent harm proactively; decisions should therefore be proactively taken.

In practice this may mean that under certain circumstances it is recognised that both organisations and individuals have a professional responsibility to share information, and that this duty outweighs the duty of confidentiality owed to the individual'.

7.8 Informed Consent (Mental Capacity Act 2005)

7.8.1 Points to consider:

- Whether the individual understands the nature of the allegation and any potential risk to themselves and others.
- Whether the individual subjected to domestic abuse has the capacity to consent to the reporting process.

7.9 Referring a case to the Multi Agency Risk Assessment Conference (MARAC)

7.9.1 High risk cases of domestic abuse should be referred to MARAC immediately following disclosure using the MARAC referral form (Appendix 7). Consent form for disclosure of information (Appendix 6). The MARAC is a process that focuses on the safety and protection of those individuals most at risk of serious harm or homicide as a result of domestic abuse.

7.9.2 Effective protection of Adults and Children at Risk (SSWBA 2014) is a multi-agency responsibility. MARAC involves the participation of all key statutory and voluntary agencies who may be involved in supporting an individual who is experiencing domestic abuse. BCUHB is a statutory partner in the MARAC process and has identified designated Corporate Safeguarding health representatives attending the MARAC meetings.

7.9.3 The MARAC process involves the creation of a multi-agency action plan, which is put in place to support the individual who is experiencing domestic abuse. Links are also made with other public protection procedures, particularly those that manage perpetrators and safeguard Adults and Children at Risk.

7.9.4 MARAC Referral process:

- MARAC referral form, is sent, password protected with the standard safeguarding password to the North Wales Police Central Protecting Vulnerable Persons Unit:
publicprotectionreferralunit@nthwales.pnn.police.uk.
- A copy of the referral should be sent to
BCU.adultsafeguarding@wales.nhs.uk.
- The Live Fear Free Helpline (0808 8010800) will continue to be available to support low, medium and high risk victims and as a resource for BCUHB staff.
- The offer of private room and the use of a telephone to make contact with the Live Fear Free Helpline (0808 8010800) should be offered to all victims of domestic abuse at the point of disclosure.

If there is a serious and immediate concern for an individual's safety call 999.

7.10 MARAC representative

7.10.1 Representatives will be nominated by the appropriate management structures within the relevant Divisions or Corporate Function within BCUHB from a variety of health services, including:

- Safeguarding.
- Mental Health.
- Substance Misuse Services.
- Other health practitioners involved with the victim/perpetrator/family on an individual basis.

Representatives will be of an appropriate level of seniority so that they can commit to actions on behalf of BCUHB.

In the event that an identified representative cannot attend a MARAC meeting it is their responsibility to nominate a delegate to attend on their behalf. This delegate must be:

- At an appropriate level of seniority.
- Working within the Corporate Function that they are representing.
- Knowledgeable of the MARAC process and their role and responsibility within this process.
- GP practices are sent a letter from the MARAC coordinator informing them a case has been discussed.

7.11 Cases that have not met the MARAC Threshold

- 7.11.1 Remember that risk is dynamic. Following disclosure and completion of the SafeLives Risk Assessment form the health professionals involved with the case should ensure that the SafeLives Risk Assessment form is revisited after 4 weeks. This will monitor for any patterns of escalation, and also the effectiveness of any safety planning measures that may have been put in place.
- 7.11.2 The completed SafeLives Risk Assessment form may be shared with other agencies working with the victim (as required) to minimise the need to repeat the process each time they contact a service.
- 7.11.3 Victims should always be encouraged to make initial contact with the Live Fear Free Helpline (0808 8010800) to ensure the support of specialist support services following disclosure.

The identification and protection of Adults and Children at Risk is paramount and this must be considered at all times.

7.12 Additional Management of Cases

- 7.12.1 When VAWDASV has been perpetrated, the identification and MARAC process supports this process, however there are other processes that need to be considered in relation to these cases, which include:
- There may be an on-going police enquiry, or you may receive a disclosure and enquire if the victim wishes the incident to be reported to the police.
 - The victim may need to be supported in attendance at the Sexual Abuse Referral Centre (SARC), with the practitioner providing relevant information if required.
- 7.12.2 Where a victim or perpetrator has been identified and is an employee of BCUHB, the VAWDASV Workplace procedure should be utilised.

Where a perpetrator has been identified and is an employee of BCUHB, immediate escalation is required to the Corporate Safeguarding Team.

8.0 Resources

Staff will be required to attend safeguarding training that is specific to VAWDASV. This procedure outlines the individual staff responsibilities in relation to VAWDASV, there will be time commitments in undertaking roles in accordance with this procedure, and this is necessary in ensuring that safeguarding obligations are addressed for both adults and children.

9.0 Training

- 9.1 The Corporate Safeguarding Team is responsible for delivering training specific to VAWDASV.
- 9.2 Numbers of staff who attend VAWDASV training will be monitored through ESR and reported by the Corporate Safeguarding Team through the Annual Safeguarding Report and Safeguarding Forums.
- 9.3 All clinical staff should attend VAWDASV, Level 2 training every 2 years.

10.0 Monitoring, Escalation and Implementation

- 10.1 Monitoring of this procedure will be the responsibility of the BCUHB Safeguarding Policy/Procedure Task Group with escalation to the Safeguarding Governance and Performance Group.
- 10.2 This procedure will be disseminated throughout the organisation via a 7 minute briefing, through the relevant forums and the safeguarding bulletin. Mandatory training will be provided for all staff employed by, and contracted to BCUHB as directed through the SCH08-Safeguarding People at Risk Training Strategy and WP30-Statutory and Mandatory Training Policy and Procedure.

11.0 Equality Including Welsh Language

- 11.1 This procedure document strives to eliminate unlawful discrimination, harassment and victimisation of individuals who have experienced or are at risk of VAWDASV.
- 11.2 This procedure aims to promote equality of opportunity and/or good relations between different groups. The need for patient literature in a variety of languages is recognised and the need for translator services, to be assessed on an individual basis.
- 11.3 Information would be made available in Welsh on request.
- 11.4 The Corporate Safeguarding Team is committed to ensuring that, as far as is reasonably practicable, the way it supports BCUHB in providing services to the public and management of staff reflects their individual needs and does not discriminate against individuals or groups.
- 11.5 The Corporate Safeguarding Team has undertaken an Equality Impact Assessment on this procedure and the way it operates. The assessment has identified areas where there may be inequalities and identified initiatives to mitigate against these.

12.0 Environmental Impact

Has been considered and not deemed to be of impact to the environment.

13.0 Review

Will be reviewed three years following the date of approval.

14.0 References

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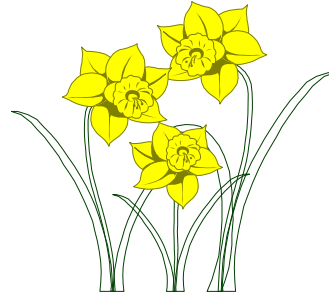
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Appendix 1: Minimum Standards for Routine Enquiry



All Wales Minimum Standards Routine Enquiry into Domestic Abuse, Pregnancy and Early Years

STANDARD ONE: CONFIDENTIALITY

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>All health professionals must recognise the duty to respect the woman's confidentiality but must be aware of its limitations in the wider public interest.</p>	<p>If the woman withholds consent, or if consent cannot be obtained, disclosures may be made where:</p> <p>They can be justified in the public interest.</p> <p>They are required by law or by order of a court.</p> <p>Where there are potential child protection issues.</p> <p>The professional is justified and has a duty to share information with social services, police or other agencies, where there is an increased risk of abuse/child protection concerns.</p> <p>It is good practice for professionals making a referral to have a discussion with the woman first.</p> <p><i>Extreme care should be taken to protect the safety of victims of abuse. Information should not be disclosed to any third party who may breach their safety.</i></p>	<p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>The Data Protection Act (2018) – UK's implementation of the General Data Protection Regulation (GDPR)</p> <p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>Data Protection Act 1998</p> <p>Human Rights Act 1998 https://www.legislation.gov.uk</p> <p>Serious Crime Act (2015) https://www.legislation.gov.uk</p> <p>SCIE (2019) Safeguarding Adults: sharing information http://www.scie.org.uk/safeguarding/adults/practice/sharing-information</p> <p>H.M Government (2018) Working Together to Safeguard Children www.gov.uk/government/publications</p>	<p>A safe and quiet environment.</p> <p>Support and Supervision for staff.</p> <p>Education & Training, either face to face or virtually.</p> <p>Access to a Translator Service.</p> <p>Access to Local Concerns Management Procedures/Information Governance Procedures.</p>

STANDARD TWO: ROUTINE ENQUIRY

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>All women will be routinely asked about domestic abuse at every opportunity during Pregnancy and Early Years, within Maternity, Neonatal Care and Health Visiting Services.</p> <p>If women are unable to be asked this then there should be a clear documented rationale.</p>	<p>Women should be alone when asked about domestic abuse in a safe and supportive environment.</p> <p>Be mindful of discussions with children and other family members present.</p> <p>Ensure lone contact with the woman at least once in pregnancy.</p> <p>If unable to see the woman alone then clearly document this and share this information with other professionals involved.</p> <p>When a disclosure is made the information should be shared between the Midwife, Health Visitor and GP. Any further disclosures or a change in the risk or circumstances should also be shared.</p> <p>Routine enquiry should not be a one off event. It should be at opportunistic intervals at every contact throughout the pregnancy within maternity, neonatal and health visiting services.</p> <p>All Wales and local information to be made accessible and available.</p> <p>Ensure effective updated communication takes place between Midwife/Health Visitor /GP e.g. “handover” exchange of information.</p> <p>Ensure access to an appropriate interpreter, if required.</p>	<p>MBRRACE –UK and Ireland Confidential Enquiries into Maternal Death and Morbidity 2019</p> <p>NICE (2008) Antenatal care – Clinical Guideline 62 www.nice.org.uk/guidance/cg62</p> <p>DOH (2004) National Service Framework for Children Standard 11 – Maternity Services</p> <p>WG (2001) Domestic Violence: A Resource Manual for Health Care Professionals in Wales http://www.wales.gov.uk/domesticviolence</p> <p>DHSE (2017) Domestic Abuse: a resource for health professionals. www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals</p> <p>Pastor-Moreno et al (2020) Intimate Partner Violence during pregnancy and risk of fetal and neonatal death: A Meta-analysis with socioeconomic context indicators. American Journal of Obstetrics and Gynaecology, Vol 222, Issue 2, pp123-133</p> <p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>RCN clinical resource page for domestic abuse can be found at rcn.org.uk/clinical-topics/domestic-violence-and-abuse</p> <p>Serious Crime Act 2015 https://legislation.gov.uk</p>	<p>All Wales and local information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Education & Training, either face to face or virtually.</p> <p>Safe and private environment.</p> <p>Access to appropriate interpreters.</p> <p>Information/ Communication protocols.</p> <p>Workplace Domestic Abuse Procedures for staff.</p> <p>Annual Audits to demonstrate compliance with this standard.</p>

STANDARD THREE: DISCLOSURE

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Women who disclose will be given appropriate support and information.</p> <p>Women will be offered referral to appropriate specialist services.</p>	<p>Provide time for the woman in a quiet and supportive environment.</p> <p>All staff to complete Risk Assessments in order to highlight the severity of risk and make appropriate referrals to specialist services or immediate contact with the Police.</p> <p>Respect the need for confidentiality, but staff must adhere to the Wales Safeguarding Procedures 2019.</p> <p>Give accurate up to date information of relevant agencies and the Live Fear Free Helpline.</p> <p>Discuss consent with the woman for referral to other agencies.</p> <p>If you are concerned about the welfare of a child/children then make a 'Child At Risk Report' in accordance with the Wales Safeguarding Procedures 2019.</p> <p><i>Consent is not essential where there are potential child protection concerns or imminent threats to her safety.</i></p> <p>Ensure access to an appropriate interpreter if required. Preferably the same gender.</p>	<p>Health Boards/Trusts Guidelines/Policies on Consent and Confidentiality.</p> <p>The Data Protection Act (2018) – UK’s Implementation of the General Data Protection Regulation (GDPR)</p> <p>Department of Health and Social Care (2017) Responding to Domestic Abuse A Resource for Health Professionals.</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates Human Rights Act 1998 https://www.legislation.gov.uk</p> <p>Criminal Justice Act 2003 www.legislation.gov.uk</p>	<p>Access to appropriate Interpreters.</p> <p>Provision of a quiet environment.</p> <p>All Wales and Local Information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Education & Training, either face to face or virtually.</p> <p>Good record keeping updates.</p>

STANDARD FOUR: DOCUMENTATION

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>All discussions around the Routine Enquiry question and/or disclosure of domestic abuse will be recorded clearly and contemporaneously.</p>	<p>Health Boards must ensure all staff working with pregnant women and during early years will be aware of the documentation process following Routine Enquiry into Domestic Abuse.</p> <p>Staff must not record any disclosure of domestic abuse in the Woman's handheld notes.</p> <p>Staff must ensure that digital information regarding Domestic Abuse/ Routine Enquiry cannot be viewed or accessed by third parties.</p> <p>Health Visitors should record the response in the family section of the Childs notes (electronic or paper notes) using 'SOAP'.</p> <p>Record sufficient, accurate details regarding any abuse using the woman's words in quotation marks.</p> <p>Record the relationship to the perpetrator.</p> <p>Record the presence of any children or other adults in the household.</p> <p>Include information provided on resources/services available and/or referrals made to statutory and/or support services.</p> <p>Record any contact with the police and document the police incident number.</p>	<p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.</p> <p>Responding to Domestic Abuse A resource for Health Professionals (2017) Department for Health and Social Care.</p> <p>The Data Protection Act (2018) – UK's Implementation of the General Data Protection Regulation (GDPR)</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p>	<p>New staff should be made familiar with this standard and record keeping policy as part of their induction.</p> <p>Ensure all staff aware of policy and guidelines through regular mandatory training.</p> <p>Regular Supervision and access to Safeguarding Teams for guidance and advice in the event of disclosure.</p>

STANDARD FIVE: RISK ASSESSMENT

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Undertake a risk assessment for the woman, unborn baby, and/or any other children in the household.</p> <p>Staff must consider the safety of the woman, themselves and others within the location/ environment including health settings and use appropriate risk assessment tools.</p>	<p>The practitioner should be familiar with relevant risk assessment procedures for domestic abuse.</p> <p>Assess level of risk using Risk Assessment Tools or Agreed Local Pathway Framework.</p> <p>Refer to Multi Agency Risk Assessment Conference (MARAC) for visible high risk cases of domestic abuse – 14 or more yes ticks on the SafeLives DASH Risk Checklist.</p> <p>Professional judgement can be used for a MARAC referral if deemed high risk.</p> <p>Consider not only the high-risk situation but also any <i>strange or unusual</i> behaviour reported by the woman.</p> <p>For cases of medium & standard risk clear communication with those Health Professionals involved in the care of the woman and family should take place, in agreement with the woman.</p>	<p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Resources for SafeLives https://safelives.org.uk/practice</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>WG (2015) Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>Domestic Abuse Act 2021 England & Wales</p>	<p>Education & Training, either face to face or virtually.</p> <p>Privacy and Safe environment.</p> <p>Regular supervision and access to Safeguarding Team for guidance and advice.</p> <p>Health Boards/Trusts Lone Working Policy.</p> <p>Access to Health Boards/Trusts Violence and Aggression Officer.</p> <p>Workplace Domestic Abuse Procedures for staff.</p>

STANDARD SIX: CHILD PROTECTION

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Where actual or the likelihood of harm is identified, a child at risk report (under the Wales Safeguarding Procedures 2019) must be made.</p> <p>The welfare of any child is paramount <i>including the unborn child.</i></p> <p>Consider also the implications for the pregnant teenager <18 years.</p>	<p>Establish whether children are present within the home when abuse is taking place.</p> <p>Assess level of risk.</p> <p>Consider other situations which may impact on the health and wellbeing of the child and take appropriate action.</p> <p>Seek support from the Named Nurse/Midwife for Safeguarding and/or Corporate Safeguarding Team.</p> <p>Involve Multi Agency Partnerships.</p> <p>Ask the woman for her (verbal) consent for referral to other specialist services.</p> <p><i>Consent is not essential where there are potential child protection concerns/imminent threats to her safety.</i></p>	<p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>All Wales Practice Guides – Safeguarding Children Affected by Domestic Abuse https://www.safeguarding.wales</p> <p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>Adverse Childhood Experiences (ACEs) http://www.wales.nhs.uk/sitesplus/888/page/88524</p> <p>UN Convention on the Rights of the Child https://www.unicef.org.uk</p>	<p>Access to Named Nurse/Midwife for Safeguarding.</p> <p>Regular Supervision and access to Corporate Safeguarding Team for guidance and advice.</p> <p>Education & Training, either face to face or virtually.</p> <p>Links with Advocacy Services for Children.</p>

STANDARD SEVEN: SAFETY PLANNING FOR STAFF AND VICTIM

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>To ensure women, staff and practitioners are equipped with accurate and appropriate advice to stay safe.</p>	<p>Process of safety planning.</p> <p>Support the woman:-</p> <p>Build a trusting, non-judgemental relationship.</p> <p>Encourage the woman to assess her safety needs.</p> <p>Review current risk - risk of harm to herself and/or her children/unborn child.</p> <p>Ensure health professionals are not placed in situations of threat and danger.</p> <p>Offer appropriate, accurate information regarding support agencies.</p> <p>Be an advocate for the woman with other agencies (with consent).</p> <p>Undertake a risk assessment of your environment e.g. when visiting a woman in her home – Consider geographical location, can you get out safely.</p> <p><i>N.B. Ensure that you do not place yourself or your colleague at risk in a potentially violent situation when supporting someone else.</i></p>	<p>Resources for SafeLives https://safelives.org.uk</p> <p>Include Specialist Support Services and Welsh Women’s Aid</p>	<p>Suitable room.</p> <p>Counselling Service.</p> <p>Education & Training, either face to face or virtually.</p> <p>All Wales and Local Information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Black Association of Women Step Out (BAWSO) https://bawso.org.uk</p> <p>Health Board/Trust Policy for Staff Experiencing Domestic Abuse.</p> <p>Health Board/Trust Policy for Service Users Who are experiencing Domestic Abuse.</p> <p>Safety Policies as per Health Boards.</p> <p>Mobile Phones Rape Alarms Room Alarms Lone Worker Policies Violence and Aggression Training.</p>

STANDARD EIGHT: PROVISION OF INFORMATION & REFERRAL

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Provide woman with accurate information i.e. resources, help and agencies available.</p> <p>Ensure multi-agency working.</p>	<p>Adopt a calm, open and non-judgemental approach.</p> <p>Give accurate and up to date information of relevant specialist services and the Live Fear Free Helpline.</p> <p>Provide electronic resources available should the woman want.</p> <p>Display relevant information within the Health Board/Trust.</p> <p>Ensure information (especially telephone numbers and electronic links) are current, if not this could endanger the woman.</p> <p>Access to the UK Maternity Portal https://www.pregnotes.net</p>	<p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Serious Crime Act 2015 https://www.legislation.gov.uk/ukpga/2015/9/contents</p> <p>Resources for SafeLives https://safelives.org.uk/practice</p> <p>Welsh Assembly Government (2001) Domestic Violence resource manual for Health Care Professionals GBH</p> <p>RCN Clinical Resource Page for Domestic Abuse can be found at: rcn.org.uk/clinical-topics/domestic-violence-and-abuse</p> <p>Criminal Justice Act 2003 www.legislation.gov.uk</p>	<p>Training.</p> <p>Display Boards.</p> <p>Literature - Information and description of other agencies roles.</p> <p>Information in a range of different languages.</p> <p>Information as to where to seek help for the perpetrator as well as the victim.</p> <p>Access to Women's Aid/DAUs, Family Support Units, etc.</p> <p>Posters - Contact information may include telephone numbers of local agencies e.g. Legal Services – consider those who specialise in Domestic Abuse.</p> <p>All Wales and Local Information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Access to Safeguarding Ambassadors/Champions.</p>

STANDARD NINE: SUPPORT & SUPERVISION OF STAFF

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCES REQUIRED
<p>To provide support to staff who are dealing with domestic abuse issues.</p>	<p>Safety and disclosure of information should be discussed with Line Manager and/or Named Nurse/ Midwife for Safeguarding.</p> <p>Access to Clinical Supervision to be provided in order to allow staff to debrief, seek further advice from Line Manager or other relevant personnel.</p> <p>Explore own issues which may influence practice and seek advice accordingly.</p> <p>Provide support to staff who are experiencing, managing domestic abuse issues and signpost to resources.</p> <p>Adherence to Minimum Standards and Principles.</p> <p>Develop skills and identify training needs.</p> <p>Consider advice and support from Local Specialist Services.</p>	<p>Resources for SafeLives https://safelives.org.uk/practice</p> <p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Serious Crime Act 2015 https://www.legislation.gov.uk/ukpga/2015/9/contents</p> <p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.</p>	<p>Education and Training Support/Supervision Training.</p> <p>Local Clinical Supervision Procedures.</p> <p>Access to Peer Supervision.</p> <p>Staff Counselling Service via Local Occupational Health Departments.</p> <p>Workforce and Organisation Development Policies. For example, Flexible Working Policy/Special Leave Policy.</p> <p>Workplace Domestic Abuse Procedures.</p>

STANDARD TEN: EDUCATION AND TRAINING

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCES REQUIRED
<p>Staff will be confident and competent to deal with issues involving domestic abuse.</p> <p>Staff should be aware of basic legislation to help and reassure the woman.</p>	<p>Awareness of physical and general indicators.</p> <p>Midwives and Health Visitors to use Routine Enquiry as part of antenatal care.</p> <p>All Health Boards & Trusts to adopt the All Wales Pathway for Domestic Abuse as good practice.</p> <p>Domestic Abuse to be placed on all Health Boards & Trusts Agenda.</p>	<p>NICE (2008) Antenatal Care – Clinical Guideline 62 www.nice.org.uk/guidance/cg62</p> <p>WG (2015) Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>The National Training Framework on VAWDASV: statutory guidance under section 15 of VAWDASV (Wales) Act 2015 and Section 60 of the Government of Wales Act 2006 www.assembly.wales</p> <p>Ask and Act www.welshwomensaid.org.uk</p> <p>RCN Clinical Resource Page for Domestic Abuse can be found at rcn.org.uk/clinical-topics/domestic-violence-and-abuse</p> <p>Resources for SafeLives https://safelives.org.uk</p>	<p>Induction days for new staff to include awareness on issues relating to domestic abuse. For example VAWDASV Ask & Act Group 1 Training ELearning</p> <p>Specific mandatory in-service training days for all Midwives and Health Visitors, in relation to Routine Enquiry into Domestic Abuse – either virtual or face to face.</p> <p>Inclusion of Domestic Abuse on Pre and Post Registration Education Curriculum.</p> <p>Access to Champions, Ambassadors, Leads in VAWDASV.</p> <p>NHS Wales Group 2 Ask & Act Training and access details.</p> <p>Safeguarding Supervision Training.</p> <p>Multiagency Training both Regionally and Nationally.</p> <p>Include Audit Compliance and disseminate learning from findings.</p>

Appendix 2: Domestic Abuse Health Care Pathway

This document is for guidance only and should not deter from taking immediate safety action. If a professional has serious concerns about a victim's situation, they should refer the case to MARAC even if they do not meet the MARAC referral threshold, based on professional judgement.

Routine / Selective Enquiry/
Ask and Act

Voluntary Disclosure

Undertake **Safe Lives** Risk Indicator Checklist

Less than 14 YES

- ❖ Consider the questions in bold relating to high physical harm or danger
- ❖ Rely on your professional judgement.
- ❖ Consider the patients perception of risk.

14 or more YES

Complete MARAC Referral form

Email the SafeLives Risk Assessment and MARAC Referral Form to:

North Wales Central PVPU via:
[publicprotectionreferralunit@nthwales.pnn.
police.uk](mailto:publicprotectionreferralunit@nthwales.pnn.police.uk)

- ❖ Include your name, delegation and the department/service that you are emailing from, provide a contact telephone number for the service.
- ❖ Provide a detailed account of the information disclosed by the victim.
- ❖ Send a copy of the referral to:
BCU.adultsafeguarding@wales.nhs.uk.

Case not going to MARAC?
Remember that risk is dynamic
Continue to monitor for evidence of escalation – repeat SafeLives Risk Assessment in 1 month.

Share information regarding the **Live Fear Free Helpline**.

Consider the need for referral to additional support services such as Counselling Service, Sexual Assault Referral Centre (SARC).

Are there unborn/Children or Adults at Risk involved?

Follow the Wales Safeguarding Procedures (2019), Local Safeguarding Guidelines/Procedures and BCUHB Adult at Risk Policy and Procedures.

Appendix 3: Routine Enquiry/RE1 (HITS) - The HITS Screening Questionnaire

		0	1
Hurt	Does your partner or anyone else at home physically hurt you?	No	Yes
Insult	Does your partner or anyone else at home insult, talk down to you, or control you?	No	Yes
Threaten	Do you feel threatened in your current relationship?	No	Yes
Shout /Safe	Does your partner, ex-partner or anyone else at home shout or swear at you so that you feel unsafe	No	Yes

Total Score		Score of 1 or more is highly suggestive of abuse occurring
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		0	1
Niwed	A yw eich partner neu unrhyw un arall yn eich cartref yn eich niweidio yn gorfforol?	Na	Ydi
Enllib	A yw eich partner neu unrhyw un arall yn eich cartref yn eich enllibio, siarad i lawr arnoch, ceisio eich rheoli?	Na	Ydi
Bygwth	A ydych yn teimlo o dan fygythiad yn eich perthynas?	Na	Ydw
Gweiddi/ Saff	A yw eich partner, cyn bartner neu unrhyw un arall yn eich cartref yn gweiddi neu regi arnoch, yn gwneud i chi beidio teimlo yn saff?	Na	Ydi

Cyfanswm Sgôr		Mae sgôr o 1 neu fwy yn rhoi awgrym uchel fod trais yn digwydd
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Appendix 4: Making a MARAC Referral

If a professional has serious concerns about a victim's situation based on completion of a SafeLives Risk Assessment or professional judgement, they should refer the case to MARAC. Email the referral form and SafeLives risk assessment directly to the North Wales Police Central Protecting Vulnerable Persons Unit:

publicprotectionreferralunit@nthwales.pnn.police.uk and the adult Safeguarding inbox: BCU.adultsafeguarding@wales.nhs.uk.

All information shared within the MARAC referral remains confidential and NO information should be withheld. The quality of the MARAC referral has a direct impact on the management and outcome of the MARAC process for all relevant parties affected, including the victim, perpetrator and any relevant family members, including children.

DISCLOSURE RECEIVED. Complete the SafeLives Risk Assessment with the victim; ensure all sections of the assessment are completed. Ensure that relevant details relating to the victim and perpetrator and any children (including unborn) or Adults at Risk are obtained, including names, addresses, dates of birth and contact details. Ensure relevant consent form is completed.



NEED FOR MARAC REFERRAL IDENTIFIED – based on SafeLives Risk Assessment reaching 14 or more yes responses, or professional judgement. Use your professional judgement in all cases and consider:

Potential Escalation: such as in the circumstances of repeat attendances/ previous disclosures.

Visible High Risk – 14 or more yes ticks on the SafeLives Risk Assessment indicates the case has met threshold for a MARAC referral.

The findings of the SafeLives Risk Assessment are not definitive reaching an assessment of risk; they should provide a structure to inform a practitioner's judgement. If the case has not met 'visible high risk' threshold, based on professional judgement of assessment of risk, the case can be referred to MARAC – supporting information must be provided and included in the practitioners notes.



When all relevant forms are completed, email the MARAC referral form and SafeLives risk assessment to the North Wales Police, Protecting Vulnerable Persons Unit at: publicprotectionreferralunit@nthwales.pnn.police.uk. As well as the adult safeguarding inbox: BCU.adultsafeguarding@wales.nhs.uk.

Ensure that you have all the relevant forms attached, so that all information is available to support your referral, NO information should be withheld. Please provide North Wales Police with a contact number to contact you on in the event further information is required.

Before sending the MARAC referral to North Wales Police please ensure you have:		√
1.	SafeLives Risk Assessment (24 questions).	
2.	Perpetrator's details (name, address, date of birth).	
3.	Details of children/unborn and or Adults at Risk (name, address and date of birth/ estimated date of delivery).	
4.	Details of victims GP.	
5.	Whether the victim is aware of the referral and if consent has been given.	
6.	Details of a safe contact number and time to call the victim.	
7.	Additional relevant information – practitioners notes.	



Appendix 5: SafeLives (Dash) Risk Assessment (RIC)



Ending domestic abuse

SafeLives Dash risk checklist

Risk Checklist should be sent by secure email or other secure method to:

✉ publicprotectionreferralunit@nthwales.pnn.police.uk

And a copy to ✉ BCU.Adultsafeguarding@wales.nhs.uk

Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the Marac¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form

Recommended referral criteria to Marac

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to Marac. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the Marac referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at Marac. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from:
<http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf>. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

¹ For further information about Marac please refer to the 10 principles of an effective Marac:
<http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf>

Please pay particular attention to a practitioner’s professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

What this form is not

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children’s situation.

SafeLives Dash risk checklist for use by Idvas and other non-police agencies² for identification of risks when domestic abuse, ‘honour’- based violence and/or stalking are disclosed

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column</p>	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
<p>1. Has the current incident resulted in injury? Please state what and whether this is the first injury.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are you very frightened? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Do you feel isolated from family/friends? ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Are you feeling depressed or having suicidal thoughts?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Is there conflict over child contact?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

² Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.				
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>				
22. Has [name of abuser(s)] ever threatened or attempted suicide?				
23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>				
24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Domestic abuse	<input type="checkbox"/>				
Sexual violence	<input type="checkbox"/>				
Other violence	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Total 'yes' responses					

For consideration by professional

<p>Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.</p>	
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>	
<p>What are the victim's greatest priorities to address their safety?</p>	

<p>Do you believe that there are reasonable grounds for referring this case to MARAC?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p>If yes, have you made a referral?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p>Signed</p>		<p>Date</p>	
<p>Do you believe that there are risks facing the children in the family?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p>If yes, please confirm if you have made a referral to safeguard the children?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Date referral made</p>	
<p>Signed</p>		<p>Date</p>	
<p>Name</p>			

Appendix 6: Consent forms for Disclosure of Information and Information Sharing Without Consent (ISWC).

Affix Patient Label

I _____ hereby **authorise** the appropriate sharing of my personal information with partner agencies involved in the Multi-Agency Risk Assessment Conference [MARAC] (Voluntary Sector (e.g. Welsh Women’s Aid), Statutory Sector (e.g. Social Services and / or the Police) in order to ensure that my safety and well-being remains paramount.

I _____ hereby **do not authorise** the appropriate sharing of my personal information with partner agencies involved in the Multi Agency Risk Assessment Conference [MARAC] (Voluntary Sector (e.g. Welsh Women’s Aid), Statutory Sector (e.g. Social Services and / or the Police).

I understand that the information will be processed in accordance with the Data Protection Act 1998.

I am aware that I can withdraw my consent at any time, however if I withdraw or withhold my consent there may be circumstances where part or all of my information may be shared to ensure my safety and well-being or the safety and well-being of another person.

Signed: _____ Date: _____

Print Name: _____

Name and designation of healthcare professional completing this form:

Signed: _____ Date: _____

Designation: _____

Part 2 - Information Sharing Without Consent (ISWC)

(Only to be completed when consent is not given by the victim)

Part 2 ISWC should be sent by secure email or other secure method to:

publicprotectionreferralunit@nthwales.pnn.police.uk

And a copy to BCU.Adultsafeguarding@wales.nhs.uk

Legal Authority to Share

Protocol relevant	Y / N	If yes, please detail	

Or

Legal grounds (If yes, please tick one or more grounds below)	Y / N
Prevention and detection of crime	
Prevention / detection of crime and/or apprehension or prosecution of offenders (DPA, sch 29)	
To protect vital interests of the data subject; serious harm or matter of life or death (DPS, sch 2 & 3)	
For the administration of justice (usually bringing perpetrators to justice (DPA, sch 2 & 3)	
For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 & 3)	
In accordance with a court order	
Overriding public interest (common law)	
Child protection – disclosure to social services or police for the exercise of functions under the children act, where the public interest in safeguarding the child's welfare overrides the need to keep the information confidential (DPA, sch 2 & 3)	
Right to life (Human Rights Act, art. 2 & 3)	
Right to be free from torture, of inhuman or degrading treatment (HUMAN RIGHTS ACT, ART. 2 & 3)	
Please confirm you have considered GDPR guidance and restrictions	

Rationale for your decision to share	
--------------------------------------	--

Client Notification

Client notified	Y/ N	Date notified	
If not, why not			

Record the following information-sharing in Case File:

Date information shared	
Agency & named person informed	
Method of contact	
Legal authority for each agency	
Signature of caseworker Date:	
Signature of manager/or person in charge Date:	

Appendix 7: MARAC Referral form



Restricted when completed

MARAC REFERRAL TO POLICE

Referrals should be sent by secure email or other secure method to:

✉ publicprotectionreferralunit@nthwales.pnn.police.uk

and a copy to ✉ BCU.Adultsafeguarding@wales.nhs.uk

Referring agency			
Contact name(s)			
Telephone / Email			
Date			
Victim name		Victim DOB	
Address			
What is the status of the tenancy?	Private owned <input type="checkbox"/>	Private rented <input type="checkbox"/>	Shared tenancy <input type="checkbox"/>
Telephone number		Is this number safe to call?	Y / N
Please insert any relevant contact information, eg times to call			
GP Details			
Diversity data (if known)	B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBT <input type="checkbox"/> Literacy or Numeracy Difficulties <input type="checkbox"/> Gender M / F		
Perpetrator(s) name		Perpetrator(s) DOB	

Perpetrator(s) address		Relationship to victim (carer?)	
-----------------------------------	--	--	--

Children (please add extra rows if necessary)	DOB	Relationship to victim	Relationship to perpetrator	Address	School (If known)

Reason for referral / additional information

Visible high risk (14 ticks or more on Safe Lives - DASH RIC)	Y / N	Volume and escalation (3 or more domestic incidents in 6 months, with evidence of escalation – are the gravity of the incidents becoming more serious)	Y / N
MARAC repeat <i>(further incident identified within twelve months from the date of the last referral)</i>	Y / N	If yes, please provide the date listed / case number (if known)	
Professional judgement <i>(include rationale)</i> <i>(this is where you deem the risk to be High)</i> <i>N.B you are not using your Professional Judgement to ask for the case to be heard at MARAC, it is only your Professional Judgement to declare the case High Risk</i>			

<p>Rationale notes – why you feel this case needs to be heard at MARAC</p>		
<p>Is the victim aware of referral?</p>	<p>Y / N</p>	<p>If no, why not?</p>
<p>Has consent been given? <i>(If no please complete the ISWC section (page 4))</i></p>	<p>Reminder - Consent – Please read this statement to the victim <i>We ask you for information about yourself so that we can make sure that we can put a safety plan in place that will provide the most appropriate services, protection or support that you may need</i></p> <p><i>To make sure it is the most appropriate and effective service for you, it may mean that we will be sharing this information or obtaining information about you, from other agencies such as your GP, Health worker and Housing</i></p> <p>Y / N</p>	
<p>Does the victim want to talk to the Police?</p>	<p>North Wales Police comply with Home office Crime recording general rules; Crimes are often reported by individuals acting on behalf of victims. These may be referred to as ‘Third Party’ reports and commonly such reports include the following:</p> <ul style="list-style-type: none"> • Persons acting in a professional capacity e.g. doctors, nurses, social workers and teachers reporting crimes, (often of a safeguarding nature), on behalf of victims of any age; <p>When such persons reports crimes, they should always be regarded as acting on behalf of a victim. Where there is no doubt as to their status and/or position or the veracity of their report, those reports must be recorded as crimes. Such recording must occur regardless of whether the victim is aware of the relevant third party’s intention(s) or has given their permission for the reporting individual to speak to the police and irrespective of whether the victim subsequently confirms that a crime has been committed.</p> <p>Y/N</p>	
<p>Who is the victim afraid of? <i>(to include all potential threats, and not just primary perpetrator)</i></p>		
<p>Who does the victim believe it safe to talk to?</p>		
<p>Who does the victim believe it not safe to talk to?</p>		
<p>Has the victim been referred to any other MARAC previously?</p>	<p>Y / N</p>	<p>If yes where / when?</p>

List sources of information used including any risk assessment tools	
What is your role/involvement with the individual	
Please indicate the duration of your contact with the individual	
Please detail safeguarding actions carried out based on the information you have received. Detail any referral pathways completed (Where there is an immediate need for Police response please follow reporting protocol by calling 999 or 101)	

Name and position	
Please ensure the MARAC referral has been completed to a satisfactory standard it is the responsibility of the referring agency to be satisfied that the threshold for MARAC is reached	
Signed – (e-sign or initial if electronic)	
Date	

Appendix 8: MARAC Research Form

Consistent and accurate research will help attendees at MARAC to build up as comprehensive a picture as possible of a case at the meeting. In practice, most agencies will frequently be unaware of information held by others. If research is done before the meeting, it can be shared where appropriate and an action plan can be established in the timeliest way possible.

- When undertaking research in advance of the meeting, it is important that agencies do not automatically contact the victim unless they need to take immediate actions to address risk. In most cases, the IDVA service will contact the victim in advance of the meeting and agencies should contact either the IDVA service or the referring agency in the first instance;
- Some agencies will be working with either children or the perpetrator; in this case the research form may need to be adapted to reflect their particular source of information;
- The research form should be completed by the designated agency representative themselves or they may contact the relevant officer or support / key worker;
- The information within the research form should be current, accurate and, where necessary make a distinction between fact and professional opinion;
- Expectations about the use of a common research form by agencies should be addressed in the MARAC Operating Protocol (MOP). SafeLives would recommend that research forms are internal documents for use by the relevant agency and the information contained within them should be shared verbally at the MARAC meeting, where relevant and proportionate.
- It is possible that you will record info on the research form that you decide is not relevant to share at the MARAC. You may wish to write this and the reasons for not sharing the information on the research form.

MARAC research form

Name		Agency: Betsi Cadwaladr University (BCUHB) Health Board
Designation		
Telephone / Email		
Date		

Victim name	
Victim DOB	
Victim address	
MARAC case number (from list)	
Details of Children	

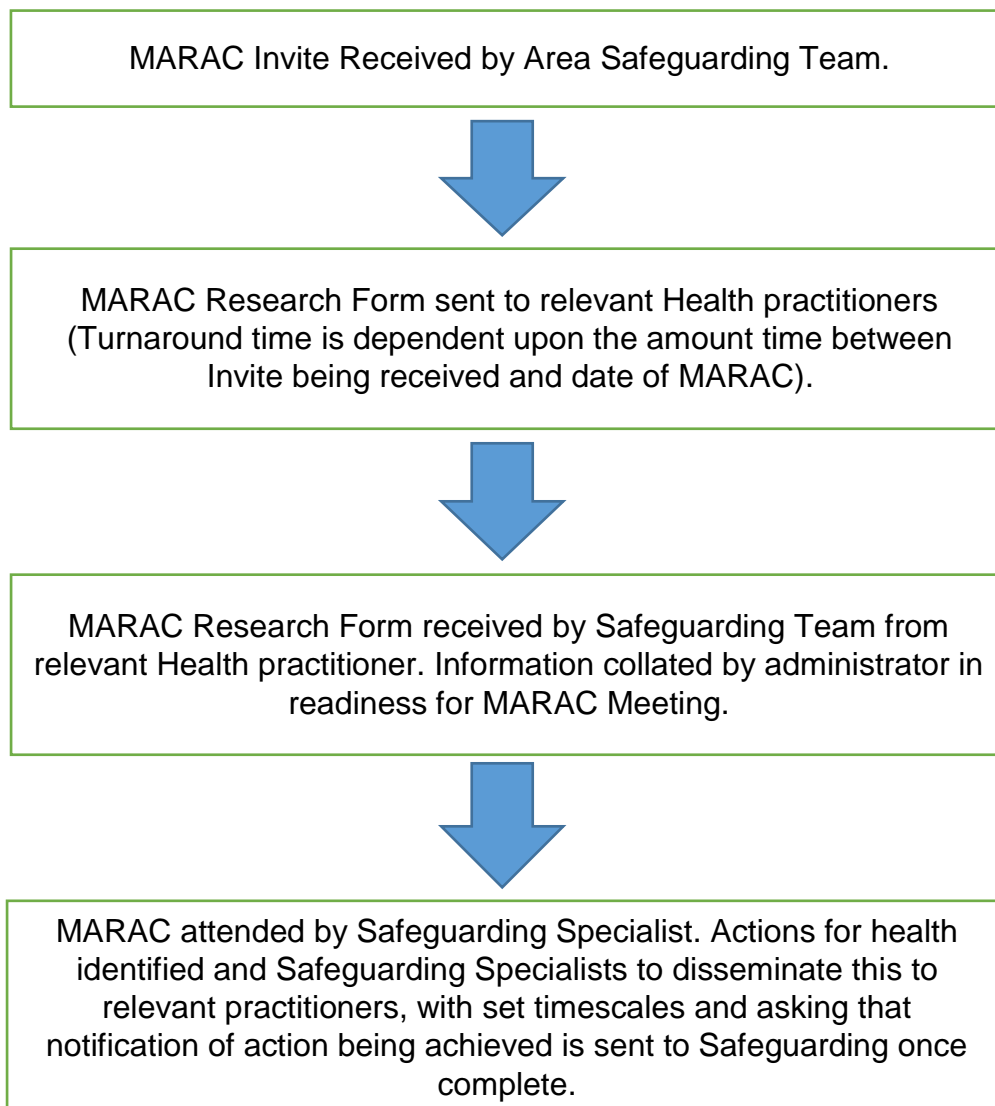
Please insert any changes / errors / other information (e.g. aliases or nicknames) below

Are the victim details on the MARAC list accurate?	Y / N	
Are the children(s) details on the MARAC list accurate?	Y / N	
Are the perpetrator details on the MARAC list accurate?	Y / N	

Note records of last sightings, meetings or phone calls.	
Note recent attitude, behaviour and demeanour, including changes.	
Highlight any relevant information that relates to any of the risk indicators on the checklist (e.g. <i>the pattern of abuse, isolation, escalation, victim's greatest fear etc.</i>).	

Other information (e.g. actions already taken by agency to address victim's safety).	
What are the victim's greatest priorities to address their safety?	
Who is the victim afraid of? To include all potential threats, and not just primary perpetrator.	
Who does the victim believe it safe to talk to?	
Who does the victim believe it not safe to talk to?	
Please include below any relevant and significant information regarding the children	
Name/School	
GP Name and Surgery	

Appendix 9: Safeguarding Team Responsibilities throughout the MARAC Process Flowchart





Amethyst.

**North Wales Sexual
Assault Referral Centre**

*Sexual assault can be a terrifying,
humiliating and traumatic experience.*

*We aim to provide choice and confidential
support following sexual assault or rape.*

What is Amethyst?

Amethyst is a Sexual Assault Referral Centre (SARC) for North Wales, where a range of specially trained professionals give help, support and information to individuals who have been raped or sexually assaulted, whether recently or in the past.

We have been developed in partnership with the police, health and voluntary services to ensure that victims of these crimes get the best possible care.

How can we help?

We can explain the various options that may be available to help you make the right decision for your situation. You can talk to a crisis worker about the options available to you.

If you need information about our services call **0808 156 3658**. Office hours are Monday to Friday 9am to 5 pm (excluding bank holidays). At all other times you will be connected to our out of hours service and a trained crisis worker will call you back as soon as possible.

You can also access further information about the choices you have by visiting www.amethystnorthwales.org.uk

What are my choices?

If you want to discuss what is available to you or what to do, call to speak to a crisis worker confidentially.*

Police Referrals

You can make a formal report to the police, we can explain how this works. If appropriate the police may then arrange for you to have a forensic examination. The police can access the centre 24 hours a day and a crisis worker will also attend to support you. An interview will be arranged at a convenient time for you.

Self Referrals

You can choose not to report to the police.

- We can advise you about other services available to help you, and either offer an appointment to attend the centre to discuss this or arrange referral as required. Your concerns may be about sexual health issues, emotional support or wider health and social care issues. We have links with other services that may be able to support you.
- If relevant you may decide to have a forensic medical so that potential evidence can be taken and stored, in case you decide to report to the police at a later date. You could choose to share forensic evidence anonymously with the police.

- You may not wish to have a forensic examination, but you might want to share information about the assault anonymously with the police, we can help with this.

What happens during the forensic examination

This is a medical examination carried out by a specially trained doctor or nurse to collect evidence. Specimens such as swabs or a blood/urine test may also be taken. It is important that these are taken as soon as possible after the assault to ensure that vital evidence is not lost. You will be fully supported by a trained crisis worker throughout the forensic examination. The crisis workers role is to ensure you make informed choices, and are supported throughout the medical examination and are cared for with dignity and respect.

What about emotional support?

There are usually a lot of different emotions after sexual assault. Confusing thoughts, emotions, and sensations are normal reactions to stress and assault. We can offer information and arrange referral for support to cope with these normal responses.

We can inform you about other services that can help with support or counselling.

What about sexual health concerns?

We can give you advice on how to access screening for sexually transmitted infections and when would be the most appropriate time to be tested. An appointment can be made for you to attend the Amethyst Sexual Health clinic or we can help arrange for you to attend a clinic convenient to your local area.

Contact details:

Telephone: 0808 156 3658

It is important that you contact the Amethyst Centre to make an appointment as we are not able to see you without one.

Email us at: BCU.Amethyst@wales.nhs.uk Please note this will only be monitored during office hours.

Visit our website: www.amethystnorthwales.org.uk

**Amethyst is a confidential service. It is up to you if you decide to tell anybody about what has happened. However we may need to break confidentiality if we believe you or someone else is at risk of serious harm. We would keep you informed of this wherever possible. We need to share information with other agencies if we believe a child or vulnerable adult has been or is at risk of serious harm.*



Amethyst.

**Canolfan Atgyfeirio Dioddefwyr
Troseddau Rhywiol**

*Gall trais rhywiol fod yn brofiad
bravychus, erchyll a thraumatig.*

*Ein nod yw darparu dewis a chymorth cyfrinachol
yn dilyn ymosodiad neu achos o drais rhywiol.*

Beth yw Amethyst?

Canolfan Atgyfeirio Dioddefwyr Troseddau Rhywiol (SARC) ar gyfer Gogledd Cymru yw Amethyst, lle mae amrywiaeth o weithwyr proffesiynol yn rhoi cymorth, cefnogaeth a gwybodaeth i unigolion sydd wedi cael eu treisio neu eu hymosod arnynt yn rhywiol boed hynny'n ddiweddar neu yn y gorffennol.

Datblygwyd y Ganolfan mewn partneriaeth â'r heddlu a gwasanaethau iechyd a gwirfoddol eraill er mwyn sicrhau bod dioddefwyr y troseddau hyn yn cael y gofal gorau posibl.

Sut allwn ni helpu?

Gallwn egluro'r gwahanol opsiynau a allai fod ar gael i chi er mwyn eich helpu chi i wneud y penderfyniad cywir ar gyfer eich sefyllfa. Gallwch siarad â gweithiwr argyfwng am yr opsiynau sydd ar gael i chi.

Os oes angen gwybodaeth am ein gwasanaethau arnoch ffoniwch **0808 156 3658**. Mae'r swyddfa ar agor o ddydd Llun i ddydd Gwener 9am i 5pm (gan eithrio gŵyl y banc). Os ydych yn ffonio ar unrhyw amser arall byddwch yn cael eich cysylltu i'n gwasanaeth tu allan i oriau swyddfa a bydd gweithiwr argyfwng yn eich ffonio'n ôl cyn gynted â phosibl.

Gallwch ddod o hyd i fwy o wybodaeth am y dewisiadau sydd gennych drwy fynd i: www.amethystnorthwales.org.uk

Pa ddewisiadau sydd gennych?

Os ydych eisiau trafod beth sydd ar gael i chi neu beth ddylech wneud, ffoniwch i siarad yn gyfrinachol â gweithiwr argyfwng.*

Atgyfeiriadau'r Heddlu

Gallwch wneud adroddiad ffurfiol i'r Heddlu, gallwn egluro i chi sut mae hyn yn gweithio. Os yn briodol, efallai y bydd yr Heddlu yn trefnu i chi gael archwiliad fforensig. Gall yr heddlu gael mynediad i'r ganolfan 24 awr y dydd a bydd gweithiwr argyfwng hefyd yn mynychu er mwyn eich cefnogi. Bydd cyfweiliad yn cael ei drefnu ar amser sy'n gyfleus i chi.

Hunan atgyfeiriadau

Gallwch ddewis peidio â riportio'r mater i'r heddlu.

- Gallwn eich cyngori am wasanaethau eraill sydd ar gael i'ch helpu chi ac un ai cynnig apwyntiad i chi fynychu'r ganolfan i drafod hyn neu drefnu atgyfeiriad yn ôl yr angen. Efallai eich bod yn brwyderu am faterion iechyd rhyw, bod angen cymorth emosïynol arnoch neu eich bod yn poeni am faterion iechyd neu gymdeithasol ehangach. Mae gennym gysylltiadau â gwasanaethau eraill a allai eich helpu.
- Os yn berthnasol, efallai y byddwch yn penderfynu cael archwiliad meddygol fforensig er mwyn i unrhyw dystiolaeth allu cael ei chymryd a'i storio, rhag ofn y byddwch yn penderfynu riportio'r

digwyddiad i'r heddlu yn ddiweddarach. Gallech ddewis rhannu tystiolaeth ffrensieg â'r heddlu yn gyfrinachol.

- Efallai na fyddwch yn dymuno cael archwiliad ffrensieg ond efallai yr hoffech rannu gwybodaeth am yr ymosodiad yn ddiennw â'r heddlu, gallwn helpu â hyn.

Beth sy'n digwydd yn ystod yr archwiliad ffrensieg?

Archwiliad meddygol yw hwn a gynhelir gan feddyg neu nyrs sy'n gymwys i gasglu tystiolaeth. Efallai y bydd swabiau neu brofion gwaed/troeth hefyd yn cael eu cymryd. Mae'n bwysig bod y rhain yn cael eu cymryd cyn gynted â phosib yn dilyn yr ymosodiad er mwyn sicrhau nad yw tystiolaeth hanfodol yn cael ei gollu. Byddwch yn cael eich cefnogi'n llawn gan weithiwr argyfwng cymwys drwy gydol yr archwiliad ffrensieg. Rôl y gweithiwr argyfwng yw sicrhau eich bod chi'n gwneud penderfyniadau gwybodus, yn cael eich cefnogi drwy gydol yr archwiliad meddygol a'ch gofalu amdanoch a'ch trin ag urddas a pharch.

Beth am gefnogaeth emosiynol?

Fel arfer, mae yna nifer o wahanol emosiynau yn dilyn ymosodiad rhywiol. Mae teimlo'n ddryslyd ac yn emosiynol yn ymatebion cyffredin i straen a chael eich ymosod arnoch. Gallwn gynnig gwybodaeth a threfnu atgyfeiriad am gymorth i ymdopi â'r ymatebion cyffredin hyn.

Gallwn eich hysbysu am wasanaethau eraill sy'n gallu eich helpu chi â chymorth neu gwrsela.

Beth am bryderon iechyd rhywiol?

Gallwn roi cyngor i chi ar sut i gael eich sgrinio am heintiau a drosglwyddir yn rhywiol a phryd fyddai'r amser mwyaf priodol i gael eich profi. Gellir gwneud apwyntiad i chi fynychu clinig iechyd rhyw Amethyst neu gallwn drefnu i chi fynychu clinig sy'n gyfleus i chi'n lleol.

Manylion cyswllt:

Rhif Ffôn: 0808 156 3658

Mae'n bwysig eich bod chi'n cysylltu â Chanolfan Amethyst er mwyn gwneud apwyntiad gan na allwn eich gweld heb i chi wneud hynny.

E-bost: BCU.Amethyst@wales.nhs.uk Noder mai dim ond yn ystod oriau swyddfa y byddwn yn monitro'r gwasanaeth e-bost.

Ewch i'n gwefan: www.amethystnorthwales.org.uk

** Mae Amethyst yn wasanaeth cyfrinachol. Eich penderfyniad chi yw divedd wrth r ymuno beth sydd wedi digwydd ai peidio. Fodd bynnag, efallai y bydd rhaid i ni dorri cyfrinachedd os yr ydych chi'n credu eich bod chi neu rywun arall mewn perygl o niwed difrifol. Byddem yn eich hysbysu am hyn ble bynnag bo hynny'n bosibl. Bydd angen i ni wneud gwybodaeth ag asiantaethau eraill os ydych chi'n farn bod nisg o niwed i blentyn neu oedolyn agored i niwed.*

Appendix 11

Amethyst Sexual Assault Referral Centre (SARC) NW
Self referral line: 0808 156 3658

Live Fear Free 24/7 Helpline: 0808 80 10 800

C.A.L.L. Mental Health Helpline: Freephone 0800 132 737 or text 'help' to 81066

Childline: 0800 1111

LGBT Cymru helpline:
Mondays 7pm—9pm: 0800 980 4021

NAPAC (National Association for People Abused In Childhood): Call free from all landlines and mobiles on 0808 801 0331 or email to support@napac.org.uk

NSPCC, 24/7 helpline: 0808 800 5000

Rape & Sexual Abuse Support Centre (NW):
24/7 Helpline: 0808 80 10 800
Counselling Service: 01248 670628

Samaritans, 24/7 helpline: 116 123

Stepping Stones North Wales Counselling Services:
01978 352 717

Survivors UK, Male Rape and Sexual Abuse:
Office hours Mon-Fri 020 3598 3898

The Survivors Trust Cymru Helpline
08088 01 0818

Emergency Contraception Services:
NHS Wales Direct 24/7 helpline: 08 45 46 47

NHS Sexual Health Services Appointments:
Wrexham Mon 09:30-14:00, Tues—Friday Fri 9.30am—17.00pm - 01978 727 197
Conwy, Denbighshire & Flintshire Mon to Fri 09:00—15.00pm - 03000 856 000
Gwynedd & Anglesey
Mon to Fri 9.30am—15:00pm -01248 384054

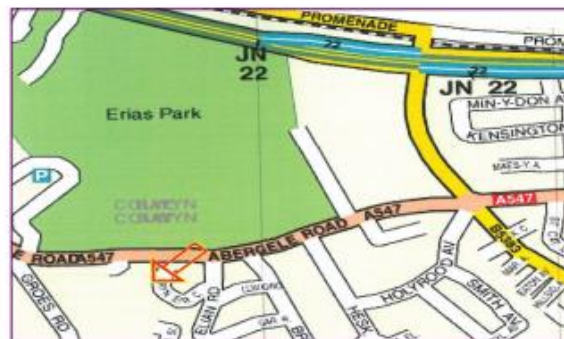
DIRECTIONS TO AMETHYST

A55 EAST BOUND

Leave the A55 at junction 22.
Turn right, go up the hill.
At the mini roundabout take the 4th exit onto Abergele Road—A547.
Turn left into Elian Road
Turn right into Bryn Eirias Close. Amethyst is on the right hand side.

A55 WEST BOUND

Leave the A55 at junction 22.
Turn left, go up the hill.
At mini roundabout take the 4th exit onto Abergele Road A547.
Turn left into Elian Road.
Turn right into Bryn Eirias Close.
Amethyst is on the right hand side.



Amethyst,
1-3 Bryn Eirias Close,
Off Elian Road,
Colwyn Bay, Conwy
LL29 8AB



Updated 02/16



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Independent Sexual Violence Advisor Service (ISVA)



North Wales

Anglesey, Conwy, Gwynedd, Flintshire,
Denbighshire and Wrexham
01492 805384

www.BCUHB.nhs.wales/health-advice/sexual-health-advice/Amethyst-sexual-assault-referral-centre/

A free and independent service for
adults, young people and children in
North Wales

What is an ISVA/CYPSVA?

An ISVA is a specially trained Independent Sexual Violence Advisor. A CYPSVA is a specially trained ISVA who works with children and young people. The ISVA service for North Wales offers both ISVA and CYPSVA support to adults, young people and children, regardless of gender, who have experienced sexual violence, now or in the past. You do not have to report to the police to seek support.

The ISVA is independent of the police and criminal justice services. They are a source of impartial advice and up-to-date information, and can help you consider your options and make decisions that are right for you.

The ISVA/CYPSVA can offer flexible working outside of normal office open hours, but on a needs basis and where appropriate.

How can an ISVA/CYPSVA help?

The ISVA works flexibly to support you in your particular circumstances. This can include help with:

- * Health
- * Housing
- * Work
- * Education
- * Benefits
- * Criminal Justice matters

The ISVA can refer you to other agencies to ensure you receive the practical support and services you are entitled to.

ISVA office and outreach services in North Wales

The ISVA service in North Wales is based at the Amethyst Sexual Assault Referral Centre (SARC) in Colwyn Bay. It covers Gwynedd, Anglesey, Conwy, Denbighshire, Flintshire, and Wrexham.

It includes regular outreach work at community venues in central and safe locations across North Wales and at the **Amethyst SARC** in Colwyn Bay.

Your health and wellbeing

If you are not ready to make a complaint to the police, the ISVA can help you to access confidential medical, forensic and sexual health services at the **Amethyst SARC**, without police involvement.

To help you emotionally, the ISVA can make referrals to access appropriate counselling, including pre-trial counselling with either the **Rape and Sexual Abuse Support Centre (North Wales)** or **Stepping Stones North Wales**

RASASC (NW) provides specialist counselling and support to persons who have experienced any form of sexual violence, whilst **Stepping Stones North Wales** offers specialist individual counselling and group work to adult survivors of childhood sexual abuse.

Going through the criminal justice system

If you have made a formal complaint to the police, the ISVA can help you to understand different aspects of the criminal justice system.

Following a police investigation, if your case goes to court the ISVA can:

- Liaise with criminal justice agencies on your behalf, including the Crown Prosecution Service.
- Navigate you through the criminal justice process to help to keep you informed
- Ensure you have appropriate support if you need to attend court, and afterwards as necessary
- Assist with injury claims to the Ministry of Justice's Criminal Injuries Compensation Authority (CICA)
- Help ensure that your rights are met.

For more information about the specialised support we offer please contact our Self-Referral Telephone Line 0808 156 3658

ISVA Service North Wales contact details:

Office hours: Mon to Fri 9am-5pm

Amethyst, SARC

1-3 Bryn Eirias Close,

Colwyn Bay, Conwy, LL29 8AB

Office no: 01492 805384

www.BCUHB.nhs.wales/health-advice/sexual-health-advice/Amethyst-sexual-assault-referral-centre/

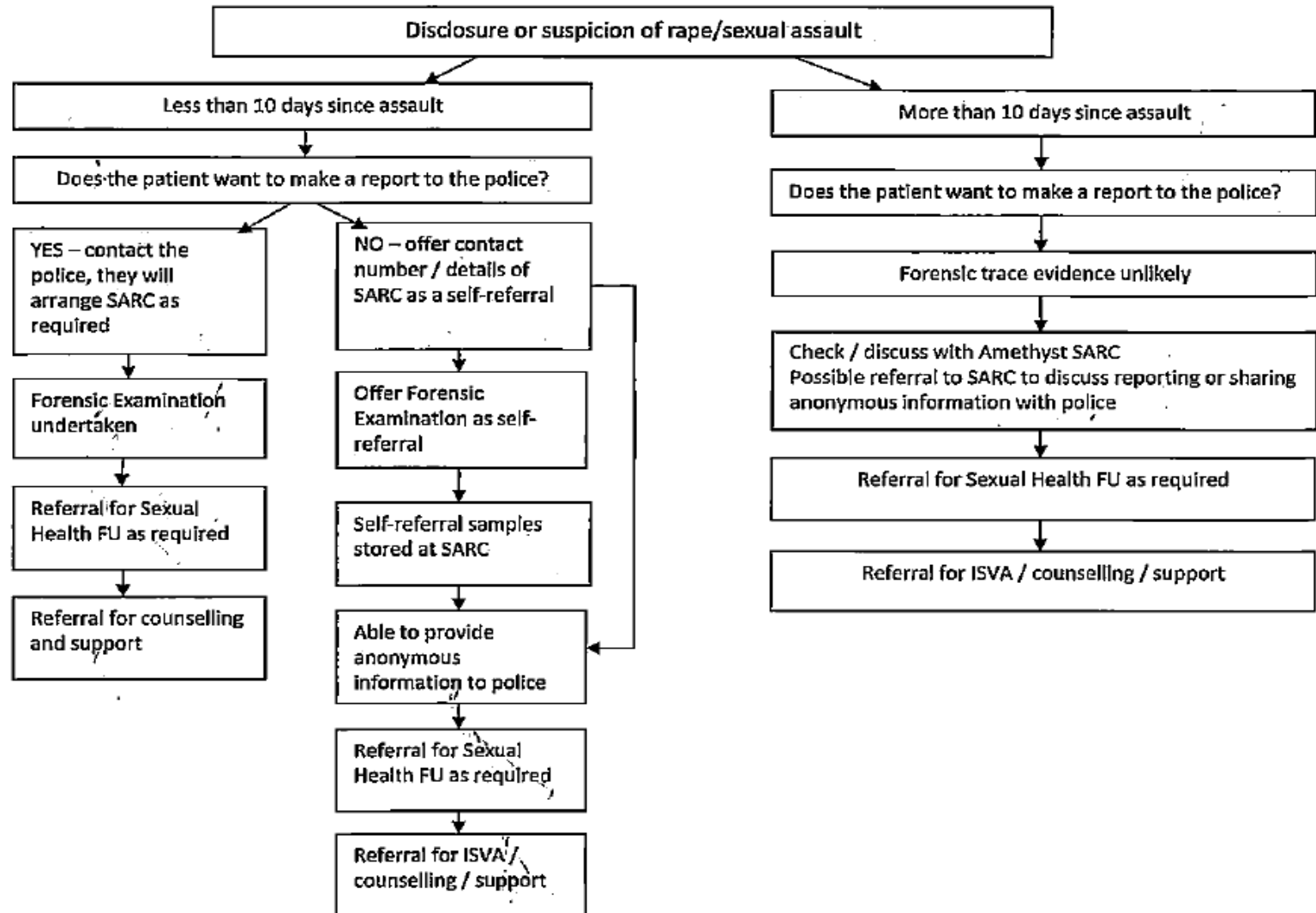
Amethyst is a confidential service. It is up to you if you decide to tell us about what has happened. However we may need to

Appendix 12

Amethyst Sexual Assault Referral Centre ALGORITHM FOR ADULTS WITH CAPACITY

In all cases consideration must be given to:

1. General welfare of the complainant
2. Medical Needs including:
 - Injuries
 - Emergency Contraception
 - Post Exposure Prophylaxis
 - Advice on STI screening
3. Safeguarding Issues including possible child protection issues. Retaining forensic evidence e.g. sanitary wear/underwear



Appendix 13

BCUHB East, Central and West Emergency departments



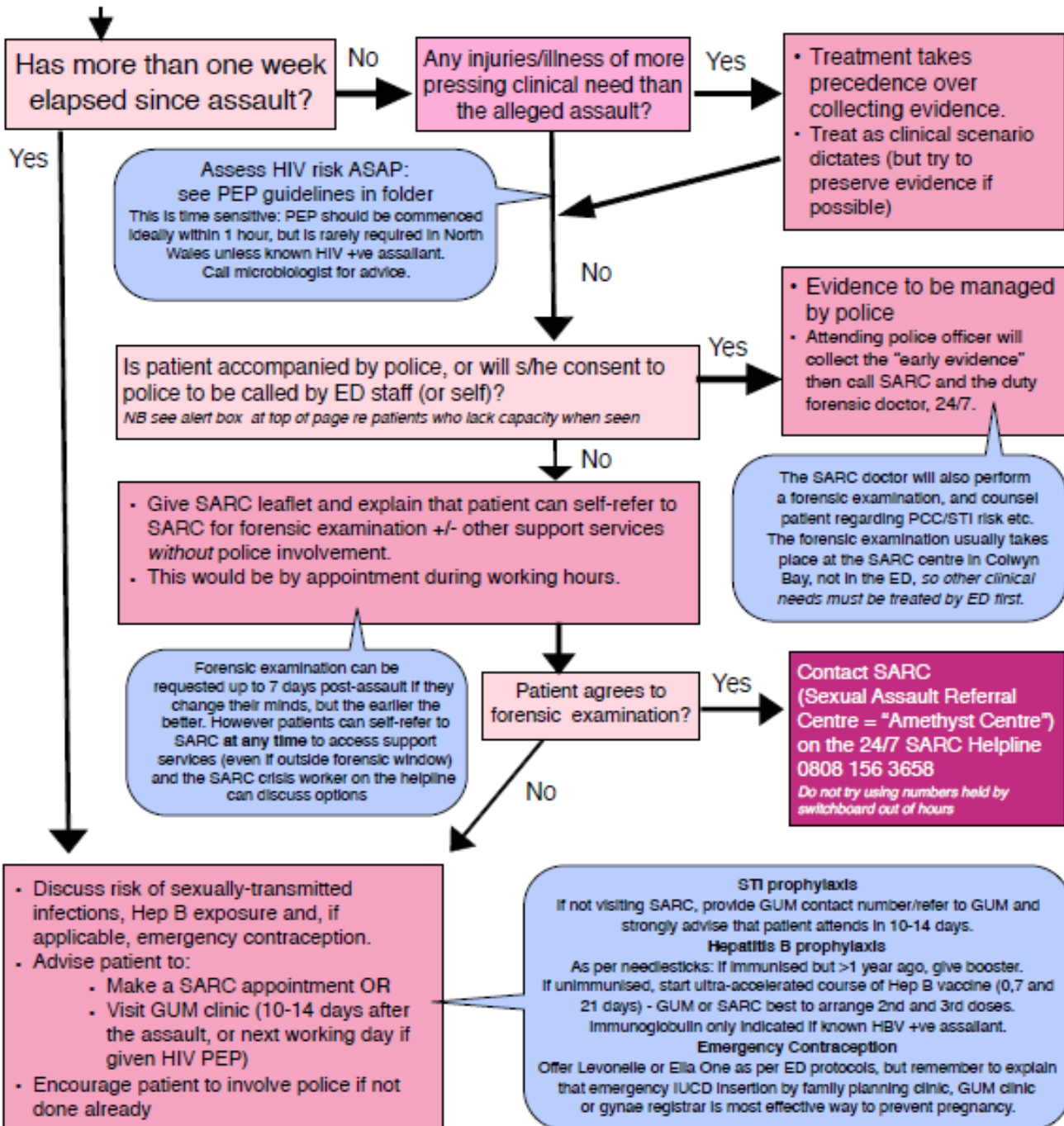
Sexual Assault

Use this pathway in conjunction with the SARC leaflet (download from www.amethystnorthwales.org.uk)

- Involve ED middle grade or consultant. Be tactful - use private room.
- Patients with capacity should be supported in their decisions whether or not to involve the police.
- However, ED staff *must* inform police of an alleged sexual assault if the patient lacks capacity or is under 16 (call paediatric reg/consultant too) and should *consider* informing police if vulnerable adult.
- SARC will take patients from their 17th birthday onwards (16s and under via Paediatric consultant on-call)

START HERE

Triage nurses: if police are being called, ask patients not to eat/drink or use toilet prior to "early evidence" samples being taken (mouth/gum swab and urine sample).



v2.0 - April 2017 - Dr Rhiannon Talbot (ED Forensic Liaison Lead & SARC FME) & Dr Linda Dykes, YG ED
 Review by January 2020. Contact Rhiannon.Talbot@wales.nhs.uk

Appendix 14

Simplified General Risk Assessment Form RA4

Simplified General Risk Assessment Form

Directorate / Area or Corporate Function:		Date:	Assessment Ser No:
Section/Area where task takes place:			
Task/Work Activity			
Assessor(s):		Job Title	

Consequence Score	Likelihood Score				
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

To obtain the risk rating multiply the appropriate consequence score by the appropriate likelihood score, e.g. Minor 2 x Likely 4 = 8

RISK RATING ACTION GUIDE TABLE

1 - 3	Low Risk- Action only if low cost remedy, easy to implement, re-assess if process/procedure, guidance or legislation changes, keep under review.
4 - 6	Moderate Risk- Action that is cost effective in reducing the risk and planned and implemented within a reasonable time scale.
8 - 12	High Risk- Urgent action to remove or reduce the risk. To be escalated to senior management.
15 - 25	Extreme Risk- Immediate action to remove or reduce risk to tolerable level. Consideration given to stopping process. Inform Senior Management & Risk management/Health & safety Departments at once.

Hazard	Risk Associated	Who Might Be Harmed	Existing Control Measures	Current Risk Rating C X L	Additional Controls Required	Residual Risk Rating C X L	* Date Action to be Completed

Assessors Signatures:

Date:





















Managers Signature:

Date:

Reassessment Date: / / / / / / / / / /

* Note: Depending on the complexity of the Risk Assessment an Action Plan may be required (Use RA 3)

Appendix 15: Main Support Agencies

Support Agency	Contact Number
All Wales Domestic Abuse & Sexual Violence Helpline	 0808 8010800
Amethyst Sexual Assault Referral Centre (SARC)	 0808 156 3658
BAWSO (Black Association of Women Step Out)	 0292 0644633
Broken Rainbow Domestic Abuse Helpline (Referral service for Lesbians, Gay, Bisexuals and Transgender LGTB)	 0845 2604460
Childline	 0800 11 11
Dyn Wales/Dyn Cymru Helpline (support for gay, bisexual & heterosexual men experiencing or who have experienced domestic violence)	 0808 8010 800
Forced Marriage Unit	 020 70080151
Foreign Commonwealth Office (forced marriages)	 020 70081500
Freecall Message Home (for those who have left home but want to pass on message to family/friends without communicating directly)	 0208 3924590
Legal Aid advisors (www.justask.org.uk/index.jsp)	 0345 3454345
Male Advice Line and Enquiry Live Fear Free Helpline	 0808 80 10 800
Live Fear Free Helpline by text	 07860077333
National Child Protection Helpline (NSPCC)	 0808 8005000
Immediate Safety – 999 101 NHS Direct Wales North Wales Police	 0845 4647 Immediate Safety 999 - 101
Refuge Women's Aid (www.refuge.org.uk)	 0808 2000247
Reunite (for those who have had or fear child abduction) Shelterline	 0808 800444
The Samaritans	 116123
Unison Welfare Support for members and dependants	 0800 0857857
Victim Support (www.victimsupport.org.uk)	 0808 1689111
Welsh Women's Aid (www.welshomensaid.org)	 0292 0541551

Apps

Bright Sky App – downloadable on Google Play and Apple App Store.